THE

WESTERN JOURNAL

OF

MEDICINE AND SURGERY.

JULY, 1851.

ART I.—*On the treatment of Dysentery.* By JOHN HARDIN, M. D., of Louisville, Ky., A letter addressed to the editors of the West. Jour. Med. and Surg.

As the season for Dysentery is approaching and as we have already "an earnest" of it in our city, permit me in a rambling epistolary style, to give the results of two different methods of treatment which have proven highly satisfactory within the field of my observations. I do this the more cheerfully and with less diffidence, because I claim no originality either in the remedies or the manner of using them. The two methods may be denominated the Saline and the Terebinthinate. The former I derived from Dr. T. Q. Walker, of Green Co., Ky.—the latter from Dr. A. M. Allen, of Shelbyville, both of them gentlemen whose high professional and scientific attainments are freely acknowledged by all who have enjoyed the pleasure of their acquaintance.

As the diagnosis, pathology and morbid anatomy of flux are so universally understood, I will not encumber this

communication with any remarks in relation to them. As the remote cause or causes are not well understood, I will not trouble you with unprofitable speculations in regard to them. As atmospheric vicissitudes and crude, indigestible ingesta are universally known to be potent exciting causes, every body is aware that the former should be guarded against as much as possible, and the latter wholly avoided; therefore I need not administer any admonitory cautions on those points. These matters being so summarily disposed of leaves me nothing farther to do but to pass at once to the subject of this letter, viz: the treatment.

The most widely diffused method of treating dysentery has been, and still is by mercurials, opiates and astringents, in multifarious forms and combinations. In addition to these, authors recommend bloodletting, but so far as I have observed, this is not often practised without an unequivocal demand for it by the state of the pulse, and this, we do not often find in this disease.

Mercurials.—The first objection that I make to this treatment is, that in flux, mercurials irritate an already inflamed surface, whether they excite biliary secretions or not. If they act as purgatives *per se*, they are irritant purgatives; if they procure a discharge of black bile, some idea may be formed of its effects in passing over an inflamed surface, by recalling to mind its frequent excoriations of the skin around the anus, where it has the protection of the scarf skin—how much more intense its action on an inflamed and abraded surface! Every observant practitioner knows that *good bilious* discharges are no guaranty against the recurrence of those that are *mucosanguinolent*. An observation far from limited, has satisfied me that the action of this class of remedies in flux is pernicious. Reflection has suggested the above explanation as the reason of this deleterious action. I therefore

conclude that the mercurial plan recommended by authors has been too long and too implicitly followed.

Venesection.—I have sometimes heard physicians say they could not bleed, because the pulse is too feeble. Marshall Hall directs that in cases of doubt respecting the propriety of bloodletting, the patient should be placed erect or sitting and bled in that posture. I have derived a different and I think a useful lesson in the employment of this remedy in dysentery. This rule is in recent cases to bleed the patient in the recumbent posture, so as to detract as much blood as can be borne, with the intention of subduing a dangerous inflammation as speedily as possible. The inquiry should be, *will the patient tolerate the loss of blood?* not, does the apparent state of the circulation demand it? If it can be tolerated, then surely it is imperatively demanded in an acute inflammation so extensive, so dangerous, and hastening so rapidly into disorganization. Without it all other remedies will too often fail.

Treatment by Salines.—This consists in the administration of two or three scruples of epsom salts, (a level tea spoonful) after each muco-sanguinolent discharge, no matter how frequently repeated, until clear serous evacuations are obtained devoid of mucus or blood, thus depleting from the engorged capillaries at the seat of inflammation. As soon as such evacuations are obtained, laudanum or morphine may be administered either by the mouth or rectum, after which it is not unusual for a patient to remain quiet without evacuation for six, eight or ten hours, or until such time as the inflamed capillaries become re-engorged. During the summer and autumn of 1849, I witnessed the treatment of more than one hundred cases upon this plan, with results the most gratifying, there occurring only five deaths, and but one of these had the benefit of this treatment from the beginning of the disease.

In the summer of 1850 I had the opportunity of con

trasting this with yet another plan, which brings me to a consideration of the

Terebinthinates.—To this plan, after a most careful series of observations, I award the preference. This, like the saline treatment, commences with V. S. in all cases that will tolerate it, followed by spts. turpentine in doses of a tea spoonful every three or four hours to an adult. If it is desired to evacuate the bowels, one or two teaspoonfuls of castqr oil should be added. Should there be no acrid, offensive matter to be carried off, the turpentine is given alone for the purpose of coming in contact with the inflamed surface, either by passing directly over them or reaching them through the medium of the circulation. For the tenesmus and tormina, morphine either by the mouth or rectum should be used according to circumstances. This method I do not hesitate to affirm, is the most speedy and safe that I have seen used. In both the seasons, (1849 and 50,) in which these observations were made, the disease was in a malignant epidemic form. In the last named year it prevailed concurrently with cholera. The only inconvenience that I have seen attend the use of turpentine, was the occassional, though not frequent occurrence of dysury, hematuria or strangury; these, however, soon subside, requiring little else than a suspension of the remedy. Of course under all modes of treating flux, abdominal fomentations, poultices, &c., are serviceable, and if you will not suspect me for having been raised in the *pine woods*, I would suggest, that a poultice terebinthinated over its whole surface, is the very best of that class of remedies.

Although salines and terebinthinates are not new remedies in flux, yet the manner of their use herein indicated as *the leading curative agents*, will, I think, be found a new and useful application of old remedies.

In the Medical Examiner for 1850 we find an excellent article by Dr. S. Jackson, on the Oil of Turpentine in

Typhus Fever. In that article occurs, as it were incidentally, the following passage:

"In the cachectic state of dysentery the very same advantages are obtained from turpentine, but here a very different state of things obtains; in idiopathic fevers, there is something to contend with besides the inflammation, and therefore, this stimulus cannot be used till the phlogistic diathesis be much on the wane; but in dysentery the local disease is paramount, and since this is concentrated in a mucous membrane and has no tendency to a translation, and more particularly as the oil seems peculiarly suited to inflammation of this very organ, it may be given rather early in the disease. Therefore, though its energy appears most conspicuous in the cachectic state, it will be found eminently successful in preventing this state, if given early with all the necessary co-adjuvants.

"Nor is it to be neglected as an external remedy. When diligently rubbed on the abdomen, it is soon perceived in the breath and urine; and of course it is carried to the diseased membrane. I have thus profited much by it in cases where leeches and blisters were not thought requisite." The whole of this article is highly interesting and instructive, and would render good service to the profession if a copy of it was in the hands of each of its members. Indulge me with another extract from Braithwaite's Retrospect, part xxi, on the treatment of diarrhea, by oil of turpentine, by Dr. J. J. Trayer.

"Dr. Trayer speaks highly of this medicine which he used extensively in the diarrhea which prevailed in his locality at the time when cholera was so prevalent in other parts of the island. The disease was marked by a very sudden invasion after exposure to cold, or the indigestion of some noxious article of diet; the stools were fluid, often tinged with blood, very frequent and exhausting; there was very little abdominal pain, but distressing pain and sense of fatigue in the loins and lower extremities;

and there was frequent vomiting. With respect to the treatment, Dr. Trayer says: the medicine which I use as a sheet anchor in these cases is the rectified spirits of turpentine, in small doses (from 5 to 20 minims) repeated more or less frequently, and variously combined as the circumstances of the case demand; the most usual combinations being the tincture of opium.

"In a case of average intensity my mode of proceeding is this:—If my patient is still up, I order him at once to bed, and apply a light, but large bran poultice, moistened with infusion of chamomile, and occasionally sprinkled with laudanum, over the abdomen. This being covered with oiled silk, maintains its warmth and moisture for a long time. Warm jars placed to the feet, a liberal supply of bed clothes, and a warm but not close atmosphere in the bed room, render great assistance. A dose of spirits terebinth. about mxv, is given combined with laudanum, or if this be for any reason contra-indicated, an equivalent of some other sedative (Hyosciamus e. g.); or sometimes without any other medicament. This dose is felt almost immediately to check the disease; and here, if I were to describe my own feelings, the aptest expression I could use is, that a message seems as by electric telegraph to be conveyed on the moment to the whole canal, that the discharges are to cease. In place of the sickly nausea, of the coldness and sensation of incessant movements of the bowels, which tell you that your serum is oozing out, a feeling of warmth and cheerful tone at once pervades the system, and tells you that the disease is checked: in fact the first or second dose would generally complete the cure if the patient would remain in bed a few hours, and for a day or two observe a strict dietary. If the process be not always so speedy, still perseverance in the use of these measures, has, as yet, succeeded in every case in which I have tried them with one exception."

The most convenient vehicle that I have seen used for

the administration of turpentine is sweet milk.—a tea spoonful of the former to a table spoonful of the latter.

June 12, 1851.

ART. II.—*Vital Statistics of Scott county, Ky., digested from the census as taken in* 1850. By W. L. SUTTON, M. D., of Georgetown, Ky.

The population of Scott county by the census of 1840, *was:*

	WHITES.	FREE BLACKS.	SLAVES.
Males,	4,340	54	2,737
Females,	3,880	55	2,602
	8,220	109	5,339

By census of 1850, *it was:*

	WHITES.	FREE BLACKS.	SLAVES.
Males,	4,706	220	5,840
Females,	4,195		
	8,901	Total.	14,961

Thus there has been an increase of whites by 681, or 8.28 per cent: of Free Blacks of 111, or more than 100 per cent: of Slaves, by 501, or something more than 9 per cent, in ten years.

Of the Whites there have been 158 deaths, or one in $56\frac{1}{3}$, to-wit:

Of 4,706 males, 91 deaths, or 1 in 51.38

Of 4,195 females, 67 " or 1 in 61.12

Of Free blacks 220 in number, 2 deaths are returned, or 1 in 110*

---

*Both of these were adult males. I also know of two other adults one male, one female, free blacks, who died within the twelve months covered by the returns. It is likely that some children also died. If no children died the proportion of deaths among the whites and the free blacks was nearly equal.

Of 5,840 slaves, 154 deaths, or 1 in a fraction less than 38,

Of the whole populatlon, 314 deaths, or 1 in 47.66.

Of the whites, were born in Kentucky, 120, in Virginia 17, in Maryland 7, in Pennsylvania 5, in New England, England and Ireland, each 2, in Delaware, Missouri and Germany, each 1.

Of the Blacks, were born in Kentucky 142, in Virginia 12, in Maryland 2.

The deaths were arranged in months as follows:

Winter.—December 17, January 12, February 18—Total 47.

Spring.—March 25, April 29, May 24—Total 78.

Summer.—June 52, July 35, August 51—Total 138.

Autumn.—September 29, October 14, November 8—Total 51.

Of the 314 deaths, there were 158 Whites, 156 Blacks, 178 Males, 134 Females, 2 sex not stated.

The following table will show the number and ages of those who died of each disease as returned in the census:

NAME OF DISEASE.	Free....	Slaves...	Males,...	Females,	Under 1 y	1 to 5	5 to 10	10 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	Total.
Class 1. Zymotics, Endemic Epidemic and Contagious.																	
Cholera	25	25	32	18	1	6	2	5	9	8	8	7	3	1			50
" Infantum*	9	2	2	6	4	5											9
" Croup	5	2	5	2	1	6											7
Diarrhea, Chronic		1		1		1											1
Dysentery	1	4	2	3	1	4											5
Fever	4	9	5	8	1	3	1	4	3		1						13
" Typhoid	16	18	18	16		2	1	7	12	5	2	5					34
" Scarlet	5		4	1		4	1										5
" Congestive	2		2							1	1						2
Hooping Cough		2	1	1		1	1										2
Measles*	1	3	2	1	3	1											4
Class 2. Uncertain Seat. Sporadic.																	
Debility	2	5	3	4	2	3						1			1		7
Dropsy	7	2	4	5		1	1	1		1	1	2	2	1	1		9
Scrofula		6	3	3			1	4		1							6
Sudden Deaths	4	4	7	1	4	3										1	8
3. Of Nervous System.																	
Apoplexy	3			3								1		2			3
Cephalitis	13	5	11	7	9	4	1	2	1			1					18
Insanity	1	1		2						1				1			2
Paralysis	1	2	2	1							1			1	1		3
Tetanus	2		2						2								2
4. Of Organs of Respiration.																	
Asthma	2		1	1								1		1			2
Bronchitis		1	1			1											1
Consumption	18	12	11	19		3		2	14	4	2	3	2				30
Pleurisy	2	1	2	1		1			1				1				3
Pneumonia	8	3	8	3	2	1	2	1	2		1		1		1		11
Quinsy		1	1		1												1
Disease of Lungs		1	1			1											1
5. Organs of Circulation.																	
Disease of Heart		1	1			1											1
6. Diseases of Digestive Organs																	
Dyspepsia	2		1	1							1				1		2
Enteritis	2	6	7	1	2	3	1			1				1			8
Gastritis	2		1	1								1		1			2
Worms		1		1		1											1
Hepatitis		1		1								1					1
Jaundice		1		1	1												1
Disease of Liver		1	1			1											1
7. Urinary Organs.																	
Gravel		1	1														1
Disease of Kidney	1		1						1								1
									1								
8. Organs of Generation.																	
Puerperal Fever	1			1						1							1
9. Organs of Locomotion.																	
Rheumatism	2		1	1	1					1			1				2

* In each of these diseases, there is one whose sex is not designated.

NAME OF DISEASES	Free, ...	Slaves,..	Males,...	Females,	Under 1y	1 to 5	5 to 10	10 to 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	90 to 100	Total.
10. Integuments.																	
Fistula		1	1							1							1
11. External Causes.																	
Old Age	2	1	1	2										2		1	3
Burns	1	2	3			2	1										3
Drowned	1		1					1									1
Intemperance	1		1							1							1
Casualties		3	1	2	1	1					1						3
Killed by design		1	1							1							1
Not Classed.																	
Cold	1	2		3	1	1		1									3
Abortion		1	1		1												1
Unknown	13	23	24	12	13	5	1	6	2	2	3	1	2			1	36
Total	160*	154	178	134	48	66	14	34	48	29	22	22	12	11	5	3	314

* Including two free blacks.

Although this mortality table must be allowed to be tolerably large, yet I am altogether satisfied that it is below the reality. In a very great many instances the reports made to the marshals were entirely from memory, and of course liable to considerable inaccuracies. Of one of the marshals (the county was divided between two) I made a special request that he would be particular upon the subjects of deaths. He assured me after the work was done, that he had endeavored to conform to my request; yet I know of one death from cholera which is not reported. To the other deputy marshal no request was made, and I presume he was less pointed in his inquiries. He informs me that several children, (he said probably a dozen, but I presume that to be above the mark) who had died without receiving a name, were not returned. Again in a population something greater (7787 to 6801) he had fifty-four deaths less than the other. It is very probable that the actual number of deaths did not fall short of three hundred and fifty, unless deaths are reported which were

not within the time specified by the census. Two certainly are reported which occurred out of the county—one drowned in Louisiana and one of typhoid fever in Arkansas. They however belonged to families residing here. One is reported dead of cholera who had not resided here for several years. His death may or may not be reported in Woodford county.

The largest item in the list of deaths is from cholera, viz: fifty, being very nearly sixteen per cent. of all deaths.

Cholera infantum has become much less common than it was fifteen or twenty years ago, there being but nine deaths charged to it, or not quite three per cent.

Considering the amount of cholera, the deaths from diarrhea and dysentery must be esteemed very small--only six, or less than two per cent. from both.

The deaths from fevers form a large proportion. There are thirteen, or a little over four per cent., set down to fever simply, and 34 or 10.8 per cent. to typhoid fever. In some portions of the county typhoid fever was considerably epidemic, yet it is probable that the mortality laid to its charge is greater than it diserves.

In CLASS II, including diseases of uncertain seat, Dropsy stands foremost. One case was returned heart dropsy, otherwise there was no specification. Nine deaths, not quite three per cent. are laid to this cause. To debility, seven, or not quite 2.23 per cent. deaths are ascribed. Sudden deaths occurred eight times, or 2.52 per cent.

In CLASS III, the only heavy mortality is from inflammation of the brain, being eighteen, or 5.8 per cent. Doubtless many of these were cases in which the brain became prominently affected at the end of other diseases, as I know was the case in one instance of cholera.

In CLASS IV Consumption stands out in bold relief, 10 deaths or 9.53 per cent. being ascribed to it. It will

be observed that 14 of the 30 deaths occurred between the ages of twenty and thirty years. Pneumonia stands next, that having occasioned eleven deaths or 3.59 per cent. principally under thirty years.

Class V, is charged with only one death.

In Class VI, Inflammation of the bowels is the only disease which makes much figure; eight deaths or 2.53 per cent. being ascribed to it.

There is nothing remarkable in any of the succeeding classes. Of the three deaths ascribed to cold, one was most probably from consumption, as it is returned as of four months duration.

Under the head of "unknown" there are thirty-six, or 1.46 per cent. This is certainly a large list; yet considering the circumstances under which the census was taken, I do not see that less should have been expected. One of the number was more probably from old age, as he was upwards of ninety.

On reviewing the table we find in the first class embracing zymotic diseases, or those which are contagious, and also those which occasionally become endemic or epidemic, we have one hundred and thirty-two deaths or 42.38 per cent. of the whole, rather more than two in five. This is a large proportion for diseases of that class; but when we reflect that cholera makes more than one third of the whole class it does not seem so strange.

In Class II, embracing sporadic diseases and those of general or uncertain seat, we have thirty deaths, or 9.53 per cent., not a large proportion.

Class III, embracing diseases of the nervous system, gives a mortality of twenty-eight, or 8.91 per cent., a small ratio. It may be remarked that there is no death from convulsions.

Class IV, consisting of diseases of the organs of respiration, as is usual, affords a large proportion, fifty one, or 16.24 per cent., this, large as it is, is not above

the average, I presume; indeed considerably less than any tables within my recollection. It will be borne in mind, however, that all such tables are from cities where we may expect the average to be higher. Here one death in 273.73 inhabitants; in Massachussetts, one to 243.43.

In the fifth class, diseases of the organs of circulation, there is but one death.

Class VI, diseases of the organs of digestion, is charged with a mortality of sixteen, or a per cent. of 50.6. We must remember that this class does not embrace cholera, cholera infantum, diarrhea or dysentery. Upon the whole the proportion may be considered fair.

In Class VII, diseases of the urinary organs, two deaths.

Class VIII, diseases of the organs of generation, one death.

Class IX, diseases of the organs of locomotion, two deaths.

Class X, diseases of the integumentary system, one death; and,

Class XI, from external causes, twelve deaths, there is nothing particularly worthy comment.

A word with regard to the arrangement of the table. It was my purpose to conform to the plan recommended by the American Medical Association, and at the same time to construct it so that no death should be included under two heads; I do not know whether this is in accordance with the intention of the Association or not; there is some reason to think that it is, some to think that it is not. Dr. Emerson, who is high authority in these matters, in his Vital Statistics of Philadelphia, for 1830 to 1840, (Am. Journ. Med. Sciences for July 1848,) in filling out the table, has put down in class two, under twenty fifth head, *Inflammations*, all cases of gastritis, enteritis, pneumonia, etc., which would seem to favor the idea that

he understood the Association to mean that the same case was to be returned under different heads. But the twenty-sixth head, infantile diseases, is left blank, as well as the caption etc.,'organs diseases of' in classes four, five, six, seven, eight, etc. The presumption with me was that the heads 'Infantile diseases and inflammations' in the second class etc., 'organs and diseases of' in other classes were intended by the Association to receive such returns as admitted of no definite location. To be sure, I suppose they desired such explicit returns that their different heads should always be left blank. By referring to the Registration in Massachusetts for 1848, the tables of which I presume were constructed under the direction of L. Shattuck, Esq., (whom I rank with Dr. Emerson) my interpretation appears to be supported.

I have numbered the classes only, because there are so many diseases in the table recommended by the Association to which no death is ascribed, that it seemed entirely unnecessary to fill up the whole catalogue; and to have numbered them as they occur in that table would have appeared awkward; and to have numbered them in regular succession might have given rise to confusion.

Rejecting one white, which lived but one day, and is returned as an abortion, and two blacks which lived the same time, and one white which lived four days, we have 157 deaths among white persons whose aggregate ages make 4,654 years—average 29 years, and 151 deaths of blacks, the amount of whose ages is 2,710, average 18.61 years.

The following table will show the number of each who died at the different ages:

	Under 5 years	From 5 to 10	From 10 to 20	From 20 to 30	From 30 to 40	From 40 to 50	From 50 to 60	From 60 to 70	From 70 to 80	From 80 to 90	From 90 to 100	Total
Whites .	51	3	12	26	18	11	10	11	8	5	3	158
Blacks . .	63	10	23	22	12	11	11	1	3			156
Total . . .	114	13	35	48	30	22	21	12	11	5	3	314

Upon noticing the footings of this table it will be observed, that in four columns there is a difference of one in each, from the amount in the table of diseases, occasioned as I suppose, by adding one case, aged 10, and one, aged 40, in different columns, in making out the tables.

It will be noticed that the proportion of white and black inhabitants is as near as may be 3 to 2. Then observing this table will show that the periods from 60 to 70, 80 to 100, is the only periods in which the mortality of the blacks falls below that proportion. From 30 to 40, it is just that, and in all other periods very much above it. Thus up to 20 years, it is not only relatively but positively greater. Under 10 years 34.17 per cent. of all deaths among whites occurred, and 46.78 per cent. among the blacks.

Estimating the increase of whites upon the population of 1840, viz: 8.23 per cent. to be uniformly divided among the different periods, then for all living at different ages, the deaths would be distributed as follows:

Under 5 years	1 to 30	30 to 40	1 in 56	70 to 80	1 in 13
5 to 10	1 to 495	40 to 50	1 in 54	80 to 90	1 in 66
10 to 20	1 in 173	50 to 60	1 in 47.7	90 to 100	1in 813
20 to 30	1 in 59.7	60 to 70	1 in 20		

Supposing the 9 per cent. increase among the slaves to have been likewise distributed among the periods of the census of 1840 then the proportion of deaths to those living at different periods would have been:

Under 10 years	1 in 28.52	between 36 and 55 years	1 in 27.55
10 to 24 years	1 in 60.80	" 55 and 100 years	1 in 26.83
24 to 36 years	1 in 43.68		

Among the 8,901 whites 90 couples were married.

Our laws do not require, or indeed recognize marriages among the slaves; but in very many instances a marriage ceremony is performed.

We have no means of ascertaining the number of births.

Topography, etc.—The territory of Scott county may very naturally be divided into two portions. The first embraces a space of fourteen miles, from the Bourbon to the Woodford line, by eleven, from the Fayette line to the begining of the Eagle hills. This portion is characterised by a very rich soil, lying upon a bed of clay, containing salts of iron, and that again upon a bed of limestone—the blue limestone of the western geologists. This limestone shows upon the surface in many places on the sides of hills, and the cliffs along the creeks are sometimes fifty feet high composed of solid stone; in general the rock is from three to eight feet below the surface. The growth of timber in this region consists of sugar maple, black walnut, blue ash, black locust, several varieties of oak, hackberry, honey locust, scaley bark hickory, &c.

Originally there was an undergrowth of cane, haw, paupaw, &c.

This portion of the county is at present wholly enclosed; generally all the under growth and much of the smaller timber is cut away and the surface well set in blue grass. It is generally undulating and traversed by numerous rivulets, which supply sites for mills, (which usually grind ten months in the year) and stock-water to a great extent. An additional source for stock-water is found in numerous artificial pools, which, indeed, are generally found in such pastures as are not watered by rivulets.

The dwellings for whites are composed of brick, stone and wood, usually sufficiently capacious, many of them elegant. Those for negroes are principally of hewn logs with the floor separated from the ground only by the breadth of the sleeper. In many instances, the negroes now occupy the houses originally built for their masters. Many have for their negroes spacious houses of brick, stone, or frames. Usually, although the dwellings for negroes are less sightly and capacious than those for whites, yet they are upon the whole comfortable, and of sufficient capacity for the inmates, and as is true of the dwellings of whites, a gradual improvement is continually going on.

The other portion of the county is commonly called "Eagle," and is very decidedly broken, having very little level land; the hill sides are so steep as to be ploughed with difficulty. Still the soil is good, lying also upon a bed of clay, and that again upon limestone. Here, too, there are more loose stones on the surface, and mixed among the loam and clay. In this region no hemp is grown; but, although the soil is much thinner than in the level region, it is thought to be better adapted to Indian corn.—As in the latter, the grasses grow well. Very much of this section is wild; the principal growth being beech, with very fine yellow poplar, sugar maple, hickory, &c.

The dwellings in this region are much inferior to those in that first mentioned, being very generally composed of

logs, hewed or not, many having but a single room, a majority composed of two or more, and in all respects very comfortable and sufficiently spacious. The dwellings are usually without cellars, with the floors close to the ground. These dwellings are commonly situated near the foot of a hill for the sake of being close to the spring. In the county are two wells of salt water, at one of which salt was made at an early day, but was soon abandoned as unprofitable. There is also a well of white sulphur.

The whole population live freely as to diet, but generally the provisions are plainly cooked. Bacon enters largely as an article of diet. About two hundred pounds of pork is killed annually to each member (little and big, black and white) of a family. Beef is also smoked or corned as a regular article of diet. Fresh meats of various kinds, poultry, game, fish, salt and fresh, eggs, &c., complete the animal portion of diet. A great variety of vegetables, and in great abundance, is usually found on the farms.

Almost invariably three meals are eaten daily. Breakfast consists usually of biscuit, or yeast bread, waffles, or muffins, newly baked; corn bread also; some kind of meat, butter, coffee and milk. In the spring, eggs and fish are frequently used. For dinner, almost always bacon is found, and is accompanied by some other form of flesh, vegetables of different kinds, milk, &c.; frequently a dessert of pies, puddings, custards, &c. The supper is made up like the breakfast, except that flesh is not so universally used.

The water of the whole region is impregnated with limestone. Yet the water taken from different springs and wells affords sensible difference in taste; the ordinary temperature is about 54°.

I have thought this subject worth some time and trouble, and have therefore prepared the foregoing pages.—Will other physicians in different portions of the State take

up the subject? It appears to me time that we were doing something towards the development of the vital statistics of Kentucky.

Georgetown, June 9th, 1851.

ART. III.—*The Case of Sulphuretted Hydrogen Gas poisoning*, by THEODORE S. BELL, M. D.,

In the May number of this Journal I reported a case of poisoning by Sulphuretted Hydrogen gas, and endeavored to give as faithful a picture of the case under review, as a sincere desire to be faithful and accurate would enable me to give. The report of that case has proved to be the groundwork of one of the most scurrilous and vituperative assaults it has ever been my lot to read. Every principle of professional decency and courtesy was thrown aside in the article referred to; misrepresentation and error reigned supreme, the most absurd and ridiculous medical statements and opinions were uttered with as much gravity as though they had been tested by long experience, and were among the foundation stones of practical medicine. It is a matter of some importance that a portion of this extraordinary exhibition of Medical courtesy and liberality shall be examined and fairly tested, in order that we may find out what is the truth, and to whom its utterance belongs. The truth of my report shall be thoroughly established.

Before entering, however, upon this examination, I must express my obligations to Dr. Henry M. Bullitt, the author of the precious morceau in question, for the opportunity he has given me for doing justice to the long cherished regard I have felt for Dr. Powell, since the commencement of a friendship of many years duration.

There is no gentleman in the profession for whom I feel more regard, nor one for whose medical opinions I entertain more respect. A professional intercourse with Dr. Powell, of many years existence, has proved one of the most pleasant of my medical career, and entertaining such feelings as these, it would be a singular thing for me to select Dr. Powell as the object of public insult, and grossly improper treatment. The act would have been without a motive, and could have plead no excuse. A recent number of the Transylvania Journal has made a charge of this kind of conduct, the text of a singularly ludicrous homily on medical ethics, in which a violation of the practical part of all medical courtesy, largely predominates over the sermonizing. The accusation is based upon the remarks, in the report alluded to, which I made upon the use of water as an agent for the destruction of sulphuretted hydrogen gas. At the time those remarks were made, so far from having any knowledge that the use of water was in obedience to professional advice, I had strong reasons for believing that the water was used *against* medical advice. The only history I had of the matter, on the night of the disaster, was from Dr. C. L. Lyle, one of the witnesses paraded before the readers of the Transylvania Journal. Dr. Lyle stated to me that he was present when the water was used, and that he opposed its use while the victims were in the pit; that he entreated the people to stop its use, but, he said, they seemed to be wild, and poured the water in torrents. This was all the reliable testimony before me when my criticism was made, and I rested upon its faith. That testimony said very plainly that science opposed a popular fallacy, and I knew no better, until Dr. Powell himself informed me of his connection with the use of the water. Of Dr. Fry's agency I never heard until I saw it announced in the Transylvania Journal. I owe this explanation to Drs. Powell and Fry, and assure them that had I known of their

connection with the order for the use of the water, my criticism would have been of a different character. I should have contented myself with the expression of a preference for the use of fire rather than water. One of the last things I should have done, would have been to commit a wanton, unprovoked and motiveless attack upon the reputation of two gentlemen who possess a large share of my esteem and regard.

I should have preferred dropping this part of the subject with this *amende* to Drs. Powell and Fry, but Dr Bullitt's course forbids the exercise of such a preference. Without undertaking to affirm or deny my former remarks on the use of water in the destruction of sulphuretted hydrogen gas, I shall examine Dr. Bullitt's chemistry, physiology, toxicology, and therapeutics, for the Dr. has contrived to make quite a lively display on all these points. My erudite volunteer instructor informs my deplorable dullness with the refreshing knowledge that water absorbs sulphuretted hydrogen gas, a fact which I have a vague recollection of having heard before. But Dr. Bullitt instructs me only half way, for he fails to inform me that water parts with sulphuretted hydrogen gas quite as readily as it absorbs it. By way of reciprocity, I would inform Dr. Bullitt that water can be poured into a seive, but my impression is that it will not tarry long in that utensil. If Dr. Bullitt had earnestly pressed his surprising and laborious investigations, he would have found that Sir M. Brunel was much annoyed by sulphuretted hydrogen gas in the construction of the Thames tunnel. The workmen sickened, and a number of them died. The subject was referred to an accomplished toxicoligist, and upon examination he found that the gas escaped from the action of the river on iron pyrites, and the large volume of the river Thames was not able to absorb and hold the gas. It continued to annoy the workmen for months, shooting out upon them at unexpected times. Now with

such a well known fact as this before my mind, am I to believe Dr. Bullitt's gratuitous assertions, and unsustained speculations? I differ from the high authority of Dr. Bullitt, with great deference, but even Aristotle was not infallible. Dr. Bullitt should have sustained himself with authorities, and closed the question upon me, and he will no doubt do it—when he can find them. Instead of taunting me with my ignorance of the "authorities" it would have been commendable in Dr. Bullitt to have shown some acquaintance with them himself. If he can find one "authority" in toxicology who gives any kind of countenance to his views of the "physiology of respiration;" if he will produce one who even leans towards an approbation of his notion that the best thing to be done for a patient, who is immersed in a gas that has already "partially or entirely suspended respiration," is to force him to respire this deadly gas again, I will surrender at discretion. Now let the erudite Dr. Bullitt wade among the tomes. I have made him a fair proposition, and will abide by its terms. There is no escape for Dr. Bullitt—he must either find "authorities" for his notions of exciting persons to the breathing of sulphuretted hydrogen gas, or he must admit that his indecent references to my ignorance were sadly out of joint as coming from him.

Dr. Bullitt says that it is entirely proper, when patients are in an atmosphere of gas "so irrespirable as to either partially or entirely suspend respiration," to force them to breathe it again. If so, why be in a hurry to get the patients out of the gas? why not play on the "physiology of respiration" with water, until the patients recover? Dr. Bullitt would have us believe that in proportion to the baleful effects of the gas, must be the effort of the physician to make the patient breathe more. According to Dr. Bullitt, in a case where respiration is only partially suspended, the patient may be safely left to gasp at the delightful gas, but when the poison has entirely suspended respiration, efforts must be made to arouse the

patient to renewed struggles for more of the gas! For my part, probably for want of what my "general knowledge did not supply me," I would not desire a healthy man to breathe sulphuretted hydrogen gas, and I would not try to force a man to do it, who had already got a sufficient quantity in him to suspend respiration. Dr. Bullitt may consider me very stupid in not being convinced by his intellectual processes, but I cannot help it—I will not believe that any human being should be made to breathe sulphuretted hydrogen gas. I did all I could to submit my mind to the guidance of Dr. Bullitt, because I know the exceeding value of his medical opinions.

But let us proceed:

Dr. Bullitt says: "these men" (those in the pit) "were not in an atmosphere of absolutely irrespirable gas, but by the inhalation of sulphuretted hydrogen, respiration had become partially or entirely suspended, in consequence of the impression of the poison upon the nervous centers." This is Dr. Bullitt's reasoning, not Dr. Powell's nor Dr. Fry's. It is with Dr. Bullitt's presentation of the argument that I am now concerned, and as we are in the hands of a great master of physiology, beggars may pick up nutritive crumbs from his well stored table. I think myself very fortunate in receiving gratuitous instruction from Dr. Bullitt in chemistry and physiology, and the reader will find the extent of my obligations when I get through with this investigation.

Dr. Bullitt asserts that "respiration was suspended in consequence of the impression of the poison upon the nervous centers." Such famous reasoners as Dr. Bullitt are not expected to prove anything, but I should like to know what proof there is for the above reckless assertion. The statement, however, shows how ignorant Dr. Bullitt is of the subject on which he attempted to write. The attention of Dr. Bullitt was directed to the "physiology of respiration," and in the whole of the assault upon me, the

entire coterie were so taken up with the respiratory movements, that there is not a hint thrown in all their learned writings that sulphuretted hydrogen gas can be fatal in any other way than by the lungs. This one fact shows how little any of the writing champions knew of what they were writing about. They expect the profession to believe them when they say that patients immersed in sulphuretted hydrogen gas, are properly treated if the respiratory functions can be forced to act. *But sulphuretted hydrogen gas is just as fatal to human life when acting upon the skin, as when breathed*, a fact stated by all the principal toxicologists. If a man were immersed to his neck in sulphuretted hydrogen gas, and his breathing organs were protected so as to have nothing to breathe but atmospheric air, the gas would as certainly kill him, as though he breathed it. What then becomes of all of Dr. Bullitt's twaddle about nervous centers, physiology of respiration, &c.? I feel exceedingly happy in the fact that I am not a professor of general physiology, for the profession might expect me to understand some of the *particulars* of my department. They would at least expect me not to introduce Hahneman's *similia similibus curantur* into a pit filled with sulphuretted hydrogen gas, as regular scientific treatment, as Dr. Bullitt does, when *he* proposes to cure persons in whom respiration is entirely suspended by sulphuretted hydrogen gas, by making the victims breathe more of the gas.

Such raw material may do to hash up for very green students, but no intelligent mind will ever swallow it with any expectation that assimilation will take place. The man who has to feed largely on such stuff is to be pitied.

On Dr. Bullitt's physiological principles, there was no necessity for any haste in getting the victims out of the pit, for water would rouse them to breathing, and that was enough. But I am informed that Drs. Powell and Fry made the most commendable efforts to remove the patients as soon

as possible, and to that activity the victims are mainly indebted for their lives. Dr. Bullitt has such confused notions of the subject, that he endorses the statement that Mr. Atkinson was saved by the presence of mind that enabled him *not* to breathe the gas, and declares that the victims in the same pit, where Mr. Atkinson saved his life by not breathing, were saved by being made to breathe a gas that was so little irrespirable as to be able only to suspend respiration entirely. And this is my gratuitous, volunteer instructor, who dispenses knowledge that I can safely and prosperously dispense with!

But I am not done with my volunteer instructor. After Dr. Bullitt's sneer at my non-consultation of authorities, our readers may be interested in seeing a specimen of Dr. Bullitt's understanding of authorities. The Doctor taunts me with my ignorance, and in order to prove that it is proper to make people breathe irrespirable gas by pouring water upon them, quotes the following from Orfila: "*Exposure of the patient to the open air, aspersions* with cold vinegar and water, friction with a strong hair brush. These form the first assistance to be given to persons afflicted by privies." I cannot see what assistance Dr. Bullitt gets from this statement of Orfila's judgment. It condemns Dr. Bullitt's entire views of the treatment, and sustains the opinions advanced in my report. The very first thing is to get *the patient into the open air, away from the gas*, and then cold water or vinegar is to be *sprinkled* over the sufferers. Is this what Dr. Bullitt advocates when he talks about making the patients respire the noxious gas, by *affusions* of cold water? If I could make no better use of Orfila than this, I should let him rest in quiet.

Once more on the "authorities!" In my former notice I intended to show that fire was a better means for ridding a pit of sulphuretted hydrogen gas, than water, and Dr. Bullitt grows indignant on the subject, complains of my ignorance, and makes an admirable display of his own.—

With what kind of countenance can Dr. Bullitt look at the following quotation, from the most recent writer on medical jurisprudence, one of the best and highest of the authorities? Taylor says: "The best plan for getting rid of the gas is by a free exposure of the locality, *or by exciting active combustion in it.*" The latter recommendation could easily have been accomplished without injuring the persons in the pit. Dr. Bullitt must hunt up his authorities, and he must find them, or occupy a very unenviable position. I give him the run of Guy, Apjohn, Christison, Parent Duchatelet, Taylor and Michael Lèvy, and if he can find anything in them to sustain him, I yield every thing. But he must remember that I never objected to the *aspersion* of cold water on persons poisoned by the sulphuretted hydrogen gas, *after they were removed to a pure atmosphere.* If Dr. Bullitt were to see a drowning man, gasping for atmospheric air, under water, he would keep the man in the water because that fluid rouses "the physiology of respiration," and make the gasping man breathe more water, that fluid not being absolutely irrespirable. This would not be my course, and this constitutes the difference between Dr. Bullitt and myself. But the Doctor is a Professor of Physiology and I am not, and that may make a species of compensation or balance.

If Dr. Bullitt has really discovered a new method of treating patients poisoned with sulphuretted hydrogen gas; if he stands in direct opposition to every authority known in toxicology, and is so deeply imbued with fresh knowledge on the "physiology of respiration," as to be able to assert that the proper method of treating patients almost deprived of life by breathing a fatal gas is to make them breathe more of the noxious agent; if he is well established in the facts that the respiratory functions alone are to be attended to, and that the toxicologists are wrong in declaring that the action of the gas is just as fatal when applied to the skin, as when it is breathed: if

Dr. Bullitt is firm in all these novelties, he owes it to the profession to establish the doctrine. A field of glory and honor is before him; when he accomplishes his mission, he will be hailed as one of the great benefactors of his species, and the flood-tide of fame awaits him. Even I, humble as my merits are, will join in weaving a chaplet of laurel for his honored brow, and I may at least gather the glory of having appreciated his merits.

It would be reasonable to suppose that after such a spreading of all the glories of intellection, as I have recorded, Dr. Bullitt would have shown some signs of exhaustion, but he has marvellous gifts of continuance. He endorses the following extraordinary statement:

"We were much gratified in a few minutes by observing that he" (Mr. Ferguson) "began to breathe freer, his pulse at the wrist could be felt, and it seemed to get stronger and stronger, after each inspiration; at the expiration of fifteen or twenty minutes, Dr. Lyle, Fry and myself considered Mr. Ferguson in a fair way of recovery; his breathing was now full and regular, but slightly stertorous, his pulse both as to volume and frequency perfectly natural; there still remained, however, a profound coma; our only apprehension was the effects of the venous congestion of the brain, and we therefore determined to bleed him from the arm."

It is difficult to characterise this statement in terms that are at once suitable and becoming, but there is scarcely the shadow of truth in it. The attempt to connect Dr. Lyle with the statement is atrocious. That gentleman was an active, faithful and efficient coadjutor with Dr. Lewis Rogers and myself in the treatment of the case referred to, and the object in trying to use his name in the above connection is too obvious to require comment. Dr. Lyle never authorized his name to be used as confirmatory of the above statement, and he went over the items of it with me, and declared that the breathing was not full and regu-

lar, and the pulse was not natural, both as to volume and frequency. At the time when these symptoms were said to be present, I was sitting by the side of the patient; there were long intervals when there was no attempt at breathing—all the attempts that were made were spasmodic gaspings after air—my finger was on the wrist almost constantly for five hours, and at no time in all that period did the pulse make any approach to naturalness. During the time the patient laid in the porch, the pulse was often absent, and when present, could scarcely be felt. Just before the removal of the patient from the porch, Dr. Fry asked me respecting the pulse, and after feeling it some time, I replied that it was scarcely perceptible. He manifested no kind of surprise in finding that it had lost its "natural volume and frequency," but on the contrary, looked quite like himself.

I here re-publish my true statement of the condition of the patient in the porch: "The entire surface of the body was cold and apparently dead—the breathing, if the spasmodic attempts after air that were made by the sufferer can properly be called breathing, seemed to carry no air to the lungs. Mustard had been applied, but it produced no effect, and ammonia to the nose gave no sign of its presence. It would be difficult to exaggerate the gravity of the symptoms. The skin was universally cold, as cold as death itself could make it; the spasmodic attempts to get air, already described; a pulse sometimes manifesting itself in a feeble flutter, and at other times altogether absent, and this state of things persisted in fully for three hours, and to a considerable extent for six hours, constituted one of the most serious forms of imminent danger I have ever seen."

Now it would be difficult to find a much greater difference between two statements, than is found between the one endorsed by Dr. Bullitt and the one I gave. I think that my word is entitled to quite as much credibility as

Dr. Bullitt's, and that far we are even. Dr. Bullitt attempts to lean on Dr. Lyle, in making his endorsement, but, Dr. Lyle says, without any authority from him. Dr. Lyle read over with me, since Dr. Bullitt's publication, each item of my description, and affirms that each and every part of it is true, and that the symptoms I described were such as were present. The witness thus relied upon by Dr. Bullitt sustains every statement I made as to the symptoms in the case. He coincides with me in the declaration that the symptoms thus recorded, remained in full existence for three hours, consequently, they were present when Dr. Rogers came into the case, an hour after I took part in it, and Dr. Rogers sustains my statement in every particular. Dr. Lyle says they were present from the time I reached the case to the time that Dr. Rogers joined us, and Dr. Rogers and Dr. Lyle vouch for the full truth of the report. Dr. Rogers read the report carefully before it was published, and remarked to me that so far as the description of the case and the treatment were concerned, the report was as accurate as it could be. Dr. Lyle has heard the present written statements, and affirms they are correct. Certainly Dr. Lyle, Dr. Rogers and myself are able to know the condition of a patient, and there was the most full and complete unity of views among us in this case throughout our connection with it. I am willing to rest the matter on the corroborative testimony of Drs. Rogers and Lyle.

What then becomes of the paltry attempt to falsify the statement of my report, and to injure the character of three physicians who were honestly and faithfully performing their professional duties? The witness relied on deserts the conspirators, and is true to his own honorable instincts and to professional justice. And when it is needed, I can multiply proof in support of my description of the case.

But let us return to the physiological endorser. I have

sounded the shallows of his chemical and physiological knowledge, and shall now attend to his character as a pathologist. While Dr. Bullitt was endorsing the statements I have quoted, I think he might have inquired into the consistency and reasonableness of his bond. The statement on the face of it is that "the patient was in a fair way of recovery," when it is admitted there was "a profound coma" and "stertorous breathing." What wonderful gifts of prognosis some men have! Here in this case, even in the condition described by the endorser, the prescience that could say that a patient with "profound coma, stertorous breathing," and threatened with venous congestion of the brain" was "in a fair way to recover," is beyond not only my gifts, but those of medical authorities. I should be humiliated in finding myself so far below the gifts of the great practitioner who endorses the decision, if it were not for the good company I am in. The decision that the patient was "in a fair way to recover" was made in a few minutes after the victim was drawn from the pit, but Dr. Lyle and myself, with eight hours close watching of the case, and Dr. Lewis Rogers with seven hours observation, were not able to say, at the end even of that period, that this same patient was in "a fair way to recover." Throughout the hours in which the three physicians watched together, neither of us was able to bring himself to the positive conclusion that the case would recover, and when we parted at 2 o'clock, eight hours after the disaster, neither of us three was free from the apprehension of a fatal termination, though the patient slept "sweetly." And it is upon such judgments as I have described, that Dr. Rogers, Dr. Lyle and myself are tried and condemned. But I submit this part of the case just as it stands, to the judgment of the profession. Dr. Rogers is widely known as one of the first practitioners in Kentucky, and Dr. Lyle is one of the most promising of the young physicians in the city, and throughout the treatment of the case in question,

there was neither clashing nor diversity of views among us. These gentlemen confirm the full truth of the picture I drew of the case in which they were concerned with me. And medical men can easily understand the declaration that we who attended the case, understood it quite as well as those who did not see it while we were treating it. There are few practitioners of medicine who have not met with just such quackish machinations and trickery as have been meted out to the physicians of this case; small cunning, mean inuendo, falsehood and injustice, and physicians everywhere can understand the meaning of these things. The blow was especially levelled at me, but each attempt upon me in relation to the treatment must equally affect Dr. Rogers and Dr. Lyle. That Dr. Bullitt made *deliberate* misrepresentation in this case, I have no kind of doubt. He speaks of the perversions of other men as though he were the paragon of honor, truth and justice. Of his claims to the title we shall now make an estimate. In entering upon his noble and elevating course of conduct, a comparison of the treatment of the two cases, Dr. Bullitt says: "in the other case, the treatment of which was conducted by Dr. Bell." Here is a striking specimen of Dr. Bullitt's truthfulness. He knew that the treatment of the case was conducted by Dr. Lyle, Dr. Lewis Rogers and myself, because, independently of any other source of information, the fact was prominently set forth in my report, and Dr. Bullitt professes to have read it. But Dr. Bullitt wished to use Dr. Lyle as a witness against me, and pretends to be friendly to Dr. Rogers, and in this state of case, he unscrupulously made the statement which I have quoted. This specimen of Dr. Bullitt's truthfulness will serve to show how much reliance may be placed on the rest of his statements.

Again, Dr. Bullitt asserts that there were marked differences in the results of the cases. I exceedingly dislike to touch anything of this kind, for Dr. Fry has no friend who

feels prouder of the just and honorable reputation he won in the management of the German's case, than I do. He showed himself worthy of a place in the most honorable of all professions by his manly bearing, and his judicious course. And I feel sure that Dr. Fry is too correct in his gentlemanly deportment and professional knowledge, to set up a claim, that a difference of results, in cases treated by himself on the one hand, and on the other by Drs. Rogers and Lyle, must of necessity be caused by differences of treatment. Dr. Fry is physician enough to know that there are a great variety of circumstances that may make a difference in the result of cases, independently of any differences of treatment. In knowing this, Dr. Fry seems to have the advantage of Professor Bullitt.

But let us look at Dr. Bullitt's points of comparison of the treatment of the two cases:

1st. "There was a marked difference in regard to the recovery of the two patients."

This is true, but in a sense widely different from Dr. Bullitt's meaning. The patient of Dr. Rogers, Dr. Lyle and myself was walking all over the city attending to his business, for many days before the German could leave his room.

2nd. In the case of the German, "where depletion was resorted to as soon as the breathing and the circulation were re-established, and by other appropriate treatment, the coma and convulsions were soon overcome, and the patient was restored by the succeeding morning."

Well, in our case, as soon as Dr. Rogers, Dr. Lyle, and myself found our patient in a condition for bleeding, we bled him, and we were better judges of when the state of things came on that required the lancet than those who were not in attendance on the case. Dr. Adair Crawford covers the distressed Professor Bullitt precisely in his remarks on bloodletting in coma. Dr. Crawford says:

"where a person is suddenly deprived of sense and motion, the practitioner is expected by the alarmed friends to employ instantly some active and efficient means of relief, and it is a very general rule with the profession to resort to the lancet, should there even be any doubt in the mind of the practitioner respecting the propriety of such a course, he may still be driven to adopt it, in deference to the opinions of the public, who ignorantly conclude that because bloodletting affords relief in some sudden fits, it is equally essential in all. If the patient recovers the cure is attributed to the venesection; and if he dies, it is hastily inferred that nothing could have saved him. If we turn, however, to a calm consideration of the various and very opposite causes of comatose affections, it will appear a most obvious truth that nothing can be more contrary to the legitimate deductions of science, and more dangerous in practice than this indiscriminate and empirical use of the lancet. It has been seen that among the causes of coma, some are connected with morbid conditions of the substance of the brain, for the removal of which bloodletting is the only, if not a sovereign remedy; but that on the other hand coma is frequently to be ascribed to a deficiency or prostration of the nervous energy of the brain in which case it is evident that the substraction of any large quantity of the vital fluid can only have the effect of preventing the powers of the constitution from rallying, and of thus turning the scale against the patient's recovery. We have little doubt that some of the recoveries from coma after bloodletting ought to be considered as truly escapes from death, rather than cures."

The character of Dr. Bullitt's claims is well drawn by Dr. Crawford. I should place but little value upon Dr. Bullitt's opinion even if he had been present in the treatment of either case, but as he was snoring in bed, while Dr. Rogers, Dr. Lyle and myself were passing the night with our patient, endeavoring to save his life, Dr. Bullitt's opinion may be placed, where it belongs—at zero.

But to return. Dr. Bullitt would have his readers understand that the sufferings of our patient were protracted beyond those of the German. This shows either ignorance or recklessness, on the part of my great critic. Drs. Rogers and Lyle were invited by Dr. Fry at 10 o'clock on the night of the disaster, to walk across the street to see the German—when they returned, they thought our patient was in a better condition than the other. Various citizens were passing from one patient to the other up to a late hour of the night, and they uniformly described the relative conditions of the patients. Dr. Fry was over to see our patient after midnight, and Drs. Rogers and Lyle went over to see the German after that period, and during this time, being many hours after the German was bled, no claim was set up to any decided differences in the condition of the two cases. The relative position of the cases was freely spoken of among the attending physicians up to sometime after midnight, and no one claimed that the German was in a better condition than our patient. The comparisons made were uniformly in favor of our patient. For the truth of this statement I appeal to Drs. Rogers and Lyle. Dr. Lyle has had this read to him, and fully corroborates my statement. "The bleeding was delayed some hours," says our great practitioner. This is one truth, but Drs. Rogers and Lyle say it was not delayed beyond the period when it could be beneficial to the patient, and the benefit in our case was marked and decided at once.

3rd Dr. Bullitt says, "But in consequence of the delay of the bleeding, our patient continued to suffer for thirty six hours or more from coma, and was not really restored for several days." But according to Drs. Rogers, Lyle and Fry, representatives of the two cases, our patient was doing, at least as well up to 12 o'clock as the German, and no one of Dr. Bullitt's striking results of the difference in the time of bleeding was discoverable during

the many hours that intervened between the time of bleeding the German, and the time we left our patient to repose on what we had done. In looking at Dr. Bullitt's extraordinary statements, I wonder that he did not inform his readers that our patient died for want of bleeding, while his protogee was able to walk home at 10 o'clock, and let his physicians go off to the enjoyment of a dance. These assertions would have been scarcely a greater remove from the truth than the statements Dr. Bullitt actually makes. But what are the facts? Dr. Bullitt says our patient was comatose for thirty six hours, in consequence of the delay of the bleeding. But in my former report of the case I stated that our patient spake within ten hours of his attack, a fact well known to his family. There was not a symptom of coma in the case at that time, nor afterwards, as may be seen by referring to my report in the May No. of this Journal, page 413, a report made at a time when I had no reason to suppose that any human being would fabricate such calumnies as those made by Dr. Bullitt. Instead of the existence of coma, for thirty six hours, our patient walked down stairs, at his daughter's house, to a carriage, rode down home, got out of the carriage, walked up his lawn, then walked up stairs to his lounge, and walked up and down stairs as much as he pleased through the day, and all this without assistance, and this commenced within Dr. Bullitt's thirty six hours of coma!

Drs. Rogers and Lyle, know that at our early visit next morning, within fourteen hours after the disaster, there was not a trace of coma, and we ceased using remedies. Dr. Rogers, Dr. Lyle, and myself were actively performing our professional duties while Dr. Bullitt was dreaming all the things with which he has adorned the pages of a MedicalJournal. What a frightful nightmare the great physiologist must have had on that eventful night.

Dr. Bullitt says our patient "was not really restored for several days." Now nothing is more notorious in this

city than the fact that our patient was walking all over the city attending to his large business, a number of days before the German was able to leave his room. Two weeks after the accident, Mr. Charles Taylor informed me that the German was still confined to his room, while our patient was confined but a single day! Nor is the German now, on the 25th of June, more than two months after the disaster, able to attempt to work, as Mr. Taylor, his employer, informed me he had ascertained by calling on him on the date I have given. So much for the marked results of the difference of treatment in the two cases! "Our friends" may well exclaim, save us from Dr. Bullitt's pen.

It would be hard to conceive of a more unscrupulous and reckless course than that which has marked Dr. Bullitt's officious intermeddling with this affair, and I do not envy him the position he has won by his folly and malice. What particular interest of science he has advanced, what great boon he has conferred on the healing art, what improvement he has made in the minds of his readers, by his conduct must be left to time to determine. In private practice, a physician who slanders a brother practitoner respecting the treatment of a case, who is reckless in his statements, and calumniates the best and purest conduct of his professional brethren, is justly regarded by all honorable physicians as degraded and infamous. Whether similar conduct on the part of the editor of a Medical Journal is not entitled to at least an equal measure of scorn and contempt, is left to the judgment of the profession. From such exemplars of professional courtesy, honor, decency and truth, as the author of the conduct I have described in this notice, I wish to be free during the remainder of my life.

I must add here that Dr. C. L. Lyle, authorises me to use his name as corroborative testimony for the various statements I have made respecting the case we treated together.

REVIEWS.

Art. IV.—*Materia Medica and Therapeutics: with ample illustrations of Practice in all the departments of Medical Science, and very copious notices of Toxicology, suited to the wants of Medical Students and Practitioners.* By Thomas D. Mitchell, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine; formerly Professor of Chemistry and Pharmacy in the Medical College of Ohio; Professor of Chemistry and Materia Medica in the Medical Department of Transylvania University, Lexington, Ky.; Lecturer on Obstetrics and Diseases of Women and Children; Author of "Elements of Chemical Philosophy," "Hints to Students," &c., &c., &c. Philadelphia: Lippincott, Grambo & Co., successors to Grigg, Elliot & Co. 8vo pp. 738. 1850.

There have been quite a number of works written by American physicians on Materia Medica. No other department of medicine, we believe, has called forth so many treatises. If each of these had been an improvement upon its predecessor, the last must have reached far towards perfection—such perfection, at least, as is attainable in a progressive science. But, unfortunately, motion is not always progress; there may be much fluttering and only very slow and painful flight. In the history of the organic world, it appears that steps have sometimes been taken backwards—that instead of advancement in the series of creations there has sometimes been degradation. The youngest born have not been uniformly superior to the races created in an earlier age. And so, we fear, it turns out in our medical literature pertaining to Materia

Medica:—the last offspring of the press, to say the least of it, is certainly not the best.

The volume before us contains many things not noticed in the older works, as might be expected, for a very small man standing on the shoulders of a Goliath would see farther than the giant himself; but the additions, in every case, are not improvements. It has many passages that might be omitted without detriment to its fair proportions—a number of anecdotes, some sallies of humor, and occasional overflows of sentiment, very well, perhaps, before a medical class, for which it is evident enough they were originally prepared, but out of place, we cannot help thinking, in their present connection. But this gives the work variety, and, it may be, will add to its popularity. Whatever else it lacks, it assuredly cannot be said to want comprehensiveness. Besides the topics appropriate to such a treatise, physiology, diagnosis and hygiene come in for a share of the author's attention, the subject of poisons is discussed at considerable length, and the temperance reform receives a passing tribute. Almost every reader may find in it something to his purpose in, as the author expresses it, "*all* the departments of medical science;" and if this is not the way to make the most scientific book, it is the way to make a convenient and even a useful one.

The author has selected the alphabetical arrangement as the one which, after an experience of eleven years, he esteems as, upon the whole, the best. It unquestionably, with many objections, has its advantages, not the least of which is that all that it is necessary to say of an article is given under one head. Opium, for example, is disposed of in one place, instead of being distributed along under the various heads of narcotics, stimulants, diaphoretics, and antispasmodics; but on the other hand, when the reader wishes to learn what remedy will best fulfil the indications of the case before him, he feels the want of

the common and more scientific arrangement of the materia medica.

Respecting the *modus operandi* of medicines, Dr. Mitchell inclines decidedly to the views of the vitalists. He does not deny that "medicines are absorbed and carried through the circulation, and thus exert their power," but he is averse to this explanation of their mode of action in most cases. Thus, when a rhubarb poultice applied to the abdomen of a child produces purging, it acts, he thinks, through "a nervous medium;" and he adds that "it is not necessary to look to cutaneous absorption for an explanation of the action of *any* remedy applied to the surface." The infinitude of nervous filaments, in his view, will account for all the effects observed in such cases. Now, it appears to us, this is making the nervous filaments account for a great deal. Tobacco is applied to the surface and it in luces nausea and vomiting; a rhubarb poultice is spread over the abdomen and purgation is the effect; and again the surface is bathed in an atmosphere of sulphuretted hydrogen and the animal dies asphyxiated. If the nerves are answerable for this diversity of results, it must be owned that they have a complicated task to perform. There is no absorption through the skin, according to this theory, but all depends upon nervous influence; and so when the "bark jacket" breaks up an intermittent fever, or mercurial ointment salivates, or croton oil purges, it is done through the agency of the nerves! We might adopt the words of our author, in another place, and say, "if, perchance, any one can be found who cherishes such an opinion, most assuredly he is welcome to all the profit of such a notion."

Our author attaches some importance to the nose as a medium of medicinal impressions, and finds in this fact an argument against the use of snuff. "The man," he says, "who plasters his schneiderian membrane with impervious coats of this article loses one avenue, at least, by which

remedies should find an entrance to the system." But it appears to us that the argument is not a good one. If the impervious coat of snuff keeps the medicine out of the system, is it not evident that it will keep out the poison of disease also, and does not the inveterate snuff-taker gain thereby quite as much as he loses? Upon the whole, we rather think our author has furnished the snuffer with a plea for the practice of "plastering over his schneiderian membrane," especially if his residence chances to be in a country subject to fever and ague. If the "organ of smelling" is a door through which malaria finds its way into the system, the more effectually the entrance is closed the better.

Dr. Mitchell "repudiates the doctrine of specifics" altogether, but nevertheless admits that there seems to be "an elective affinity of certain medicines for certain parts and organs of the body, and an aptitude in them for effecting specific changes." He does not hesitate to believe, for example, that ipecacuan induces nausea and opium drowsiness—that certain articles purge, and others create perspiration; but that quinine can be a specific for intermittent fever is beyond his power of believing. And yet he contends that typhoid is merely modified remittent fever and curable by quinine, and mentions "vinegar, saturated with common house salt" as "very beneficial in dysentery and scarlatina maligna." While "repudiating the doctrine of specifics" he refers to some specific on nearly every page of his book, and has one for half the ills that flesh is heir to.

On this point, Dr. M. has fallen into the error of those who would be "righteous over much." He has a becoming contempt for mere routine practice, but in warning his readers against this heresy, he has run into the opposite one, and is guilty of great absurdities. His sermon is continually at war with his text; his premises are contradicted by his conclusions; his details subvert and des-

troy his cardinal proposition. He sets out with denying the existence of specifics, and concludes by proving that almost every medicine acts somewhat in that character. And so it was obliged to turn out. All the testimony in the case is diametrically opposed to his dogma. If it is not ascertained that individual remedies exert a defined, *specific* influence, over morbid conditions of the human body—that, for instance, iron corrects anemia and quinine arrests an ague—there is nothing settled in medicine. We proceed, in fact, continually upon the theory of specifics. Every article of the materia medica is fitted to produce its peculiar influence. Each emetic, each purgative, every narcotic and diaphoretic—iodine, iron, mercury, all are, to a certain extent, specific in their action.

To one of our author's *specifics* we have decided objections—we refer to *carbonic acid* in consumption. He says:

"In phthisis pulmonalis, with great irritability of the lungs, diluted carbonic acid gas, taken by inhalation, often acted as a palliative, and it deserves further trial in this relation."

"Diluted carbonic" acid, but *how much* diluted? Dr. Mitchell is the author of a work on chemistry, and cannot have forgotten that this acid, even when very largely diluted with atmospheric air, still retains its poisonous attributes. Will he undertake to prescribe how much of it shall be mingled with the air to be respired by the consumptives? We ought to have precise rules with regard to the administration of so potent an article. The practice is on a par with that recommended by Beddoes, of sleeping in cow-houses to respire the air contaminated by the cattle, and is, in fact, the same revived. The old practice, we believe, was never pursued long or extensively, and it is not likely to be adopted in the shape now

presented. We know not how it may strike other readers, but we confess it does seem to us that a writer is poorly employed vamping up and sending forth crude, exploded notions like this.

Our author directs the attention of his readers to the fact, that *sulphuric acid is blackened by cork.* At first, one is at a loss to understand why this is singled out from among the many properties of the acid, but the reason is soon made manifest—it affords him an opportunity to indulge in an anecdote. Mr. Randolph, in one of his rambling speeches in the Senate, once said, that "he would at any time go fifty yards out of his way to kick a sheep." Dr. Mitchell will go as far out of his way to perpetrate an anecdote. The following is the one told in connection with the fact that sulphuric acid is blackened by cork:

"A miserable creature called at my house many years ago, when I resided in a country village, introducing himself as a poor, unfortunate doctor, who had been engaged in a good practice in some part of Great Britain, but having been overtaken by misfortune, left for this country, in the hope of getting a livelihood. He begged me to make him a present of a lancet, as that would help him to a little money now and then for the operation of bleeding. I complied with the request of the poor creature, though he was by no means a deserving object. Some four or five days after, a letter came to my address from the same traveling doctor, in which he thanked me most cordially for the lancet, adding a prescription for cancer, with which I might "make a fortune." It was simply to blacken sulphuric acid with cork, and call the mixture "*Mitchell's Black Cancer Drop.*"

"Rather recently," he says, sulphuric acid has been recommended for the prevention and cure of colica pictonum. A good many years ago, it was announced as an antidote for lead poison, but M. Grisolle shortly afterwards stated, as the result of his experiments, that it pos-

sessed no powers of the sort, since which time but little has been said about it in that connection.

The subject of spirituous liquors, in its hygienic and moral bearing, is one of so much importance that we can tolerate a good deal of tedious commonplace in its discussion, but really we do not see why Dr. Mitchell should have gone gravely about proving to his readers that alcohol, as such, is an artificial product, and therefore "never a direct gift of Providence"—that it is an educt and not the product of distillation. We supposed that this truth had been iterated and re-iterated by temperance lecturers so often and so long, that, not only the merest tyros in medicine, but the dullest of the common people had come to understand it. But our author had got it into his old lectures and it must needs come out in his book. Nothing that he had there raked together can be kept back—not even the preposterous and silly assertion, that "a large majority of the sots have been made so by the doctors, through the agency of alcoholic medicines!" This, surely, is bad enough, but it is hardly equal to the following passage:

"Dr. Christison doubts the correctness of reported facts of diluted alcohol found in the ventricles of the brain, although asserted by several very respectable physicians in different parts of the world. But his reasons for being skeptical do not carry with them, to my mind, the slightest force. He might as well, at this time of day, set aside the conceded position that spontaneous combustion has been the fate of more than a hundred drunkards, and these scattered over the globe, by his notion, that the liquor must coagulate the blood, if so inflammable a fluid, as is alleged, pervades the whole body. But to me it would appear much more strange that some few, at least, of the great army of drunkards, should not have every living fibre so thoroughly saturated with that which for years has been their principal meat and drink, as to be susceptible of instantaneous combustion, in the manner so often heralded in the newspapers and scientific journals."

We make no comment on these extracts; they require none. A writer, and he a physician, who asserts that "a large majority of the sots have been made so by the doctors," and holds that "every living fibre" of the human body may become so thoroughly saturated with alcohol as to be "susceptible of instantaneous combustion," cannot need to be refuted. He may be safely left to himself.

Dr. Mitchell is not quite so decided a believer in spontaneous generation as he is in spontaneous combustion, nevertheless he is a moderate advocate of that doctrine. He believes that, while intestinal worms are, for the most part, derived from an external source, they may be generated within the body; and the fact, he thinks, is established by the old "practice of punishing criminals in Holland, by depriving them of salt entirely." When this cruel law was in force, it is said that worms were generated in incredible numbers in the bodies of its unfortunate victims; but has it never occurred to our author that the fact admits of another explanation than the "formation" of the parasites by the unhealthy "mucous tissue?" Is it not possible, that salt either destroys the ova of the worms, or else prevents that condition of the alimentary tube upon which their development depends? The farmer knows full well, that though he may deposit his seed, he is not sure of a harvest unless he has first prepared the soil for its reception. Each entozoon has its favorite habitat—some chosen animal body to which it attaches itself, and upon whose fluids alone it thrives and prospers; and so it comes to pass that every species of the animal race has its peculiar parasites. The horse and his rider are not infested by the same intestinal worms; fishes, birds, reptiles, the molluscous tribes, have each their own tormentors in the shape of epizootics.—And since a particular body is necessary to their existence, is it not likely that a particular condition of the mucous surface may be necessary to their development?

This explanation of the fact now fully established, that certain habits and modes of living are favorable to the production of entozoa, certainly appears to us not less satisfactory, and a good deal more rational than the one afforded by spontaneous generation.

We do not propose stopping to discuss this hypothesis, but one or two facts occur to us which bear so cogently upon it, that we believe our readers will pardon us for alluding briefly to them. Not only is each animal species, as we have said, infested with its own cimices and pediculi, but different nations of people have their peculiar parasitic worms. Thus, it has been established, that the Dutch, the Germans, and the English are subject to *Tænia solium*, and that the Swiss and Russians are troubled exclusively with *Bothriocephalus latus*, whilst the inhabitants of the French provinces adjoining Switzerland are infested with both species. The citizens of Dantzig suffer with tænia, those of Koingsberg, which borders upon Russia, with bothriocephalus; but as they sometimes travel beyond the borders of their respective countries, they may become the subjects of either. The case of the great anatomist, Soemmering, furnishes an example in point. He is known to have suffered with bothriocephalus, though a German; but it has been ascertained that he was in the habit of visiting occasionally a friend in Switzerland where that worm is indigenous.

What is the language that these facts speak? That "the mucous tissue" of a Dutchman's stomach generates one species of worms, and that of a Russian's another? This is the explanation of Dr. Mitchell and those who hold with him to the doctrine of spontaneous generation. We need hardly contrast its merits with those of the other solution of the difficulty—that different species prevail in different localities and there deposit their eggs to be swallowed by the inhabitants of the country with their food.

Considerable space is given by Dr. M. to the subject of water, but not more than it deserves. With all enlightened practitioners of the present day, he ascribes to this article great remedial virtues. It is curious, not to say humiliating, to remark how professional opinion has fluctuated on this point, and how old errors have been revived—how the cooling, and then the heating, and then again the cooling system has prevailed—but it is to be hoped that the rational practice in reference to the use of cold water in disease is now fully and finally established. Dr. M. seems to think there is special danger in the imprudent use of iced water. The contrary appears to be the fact, for fewer accidents occur where laborers have access to iced water than when spring or well-water is their drink. Such, at least, has been the experience of planters in Virginia, who have tried both with their operatives during the harvesting season in summer, and we have no doubt that it will prove to be the general experience.

The article on *nitrate of silver* is an interesting one, but contains some decidedly curious things. It is stated, for example, that "beginning with doses of the eighth of a grain, it may be gradually carried to *almost any quantity;*" and on the next page a case is reported of an epileptic who was cured by the continued use of the remedy, "but finally died of diseased liver and dropsy," and whose "viscera were all found marked by a blue tinge," particles of metallic silver being detected in the pancreas by Mr. Brande. Upon these particulars our author remarks:

"This fact proves quite conclusively the agency of the vital forces to decompose the most perfect salts, and that this power is far more potent than the merely chemical agencies of the animal economy."

Now, in the first place, we very much doubt the pro-

priety of the remark, that the dose of nitrate of silver "may be carried to almost any quantity." Is there no danger to be apprehended from it? Dr. M. thinks not. He says he "should have no fears of poisoning a patient by thirty grains." We hope his readers would have many. No doubt the activity of the salt has been over-rated, and that, owing to the change which it undergoes in the stomach, it becomes comparatively inert; but are we to presume too confidently upon this change? Suppose it should not be converted into a *chloride*, but remain a soluble, caustic *nitrate*, what would be the result? If a few grains only should escape the change, will Dr. M. be answerable for the consequences?

But, admitting that the nitrate of silver becomes an insoluble, inactive chloride, in the stomach, or is reduced to its metallic state in the organs, and thus rendered harmless, what proof is there that the power by which the change is effected is "far more potent than the merely chemical agencies of the animal economy?" What are "the chemical agencies of the animal economy?" In what do they differ from the vital agencies? How has our author ascertained that they are of a subordinate character? We know very well that nitrate of silver is decomposed by a great variety of agents, and always, out of the animal economy, by an action purely chemical. Can our author, who is a chemist, conceive of its conversion into a chloride, or of its reduction to the metallic state, by any other agency? Is not the change, wherever effected, a chemical change? The very facility with which the decomposition is brought about, renders any other mode of explanation unnecessary, not to say absurd. Our author's philosophy on this point, we will do him the justice to say, is not as dangerous as his practice, but it is quite as irrational: neither strikes us as of a quality likely to gain much favor with his readers.

Under the head of *Arsenic*, Dr. M. makes the following singular remarks:

"It was at one time believed that arsenic spread on the earth's surface exerted a fertilizing influence, although not taken up by the vegetation grown thereon. It would seem, however, from the following statement, that the poison of arsenic is transmissible in vegetable matters, so as to exert a deleterious influence."

He then goes on to quote the account given in several English journals, of partridges poisoned by eating seed-wheat which had been steeped in a solution of arsenic.

Will Dr. M. do us the favor to inform us when and where the belief prevailed, that "arsenic spread on the earth's surface exerted a fertilizing influence?" We do not say that so absurd a belief never had existence, but we are sure that in the instance referred to by Dr M., the arsenic was not used for any such purpose. It was employed by the farmers in the form of a strong solution, with the view of preventing the ravages of the wire-worm on the wheat; and the practice is reported to have been eminently successful. Not only is the worm kept away by the poison, but the plant when grown up is also preserved against the smut. The practice has become very general, and the consequence is that in the districts where seed-wheat is thus treated, the poor partridges and pheasants suffer. And all this strikes our author as something very strange. "It would seem," he says, "that *the poison* of arsenic is *transmissible in vegetable matters!*" Certainly, it does so seem; not only the "*poison* of arsenic." but the very arsenic itself is "transmissible." Beyond all controversy, the wheat steeped in the arsenical solution imbibes the poison, and kills the unlucky birds that eat it. "This fact," our author thinks, "commends itself to the attentive study of medical men everywhere!" We should rather say, that it commends itself to the attention of those who

are interested in the preservation of birds, especially the *game*-birds. We hope the cruel practice will soon come to an end in the old country, and never be introduced into ours. We are the friends of the feathered race, and are, moreover, believers, to some extent, in a principle of compensation. What the farmers gain on the one hand, we are persuaded they will lose on the other, to say nothing of the hazard to human health and life.

Our author is fully persuaded of the efficacy of the peroxide of iron as an antidote to arsenic. We are glad to find his faith holding out strong against the very powerful arguments by which the claims of iron to any such virtue have been opposed on chemical grounds. If we can only succeed in showing that the peroxide does save the subjects of arsenical poisoning harmless, we can afford to let the chemical objections go. No matter whether, upon chemical principles, it *ought* to be an antidote or not; *is it?* That is the all-important question. We hope it will turn out to be so; but we are compelled to say that the proof of it is not so convincing to our minds as it is to Dr. Mitchell's. Many cases, undoubtedly, might be cited in which persons took large doses of arsenic, and, following it by the antidote, escaped; but, unfortunately for the argument, many persons have taken the poison without the antidote and also escaped. Dr. Perrine, whose case Dr. M. has referred to, was saved from the enormous dose which he swallowed by mistake without the antidote. Dr. Meriwether gives the particulars of a case in the second volume of the *Transylvania Journal of Medicine*, in which recovery followed after ninety grains of arsenic had been swallowed by a young man, when as yet the oxide of iron had not been spoken of as an antidote. It would be easy to multiply instances of this sort, and in reviewing them in connection with the question of the antidotal powers of iron in arsenical poisoning, one cannot help certain misgivings that, possibly, the many favorable

cases reported, may be so many examples of the error of ascribing to mere coincidence the relations of cause and effect—the old mistake of assuming *post hoc* to be, *ergo, propter hoc.* Still we are far from meaning to discourage the trial of the antidote. The most that can be urged against it is, that it is simply useless; no one has ever pretended that it can do harm, and as long as so many cases in which it has seemed to prevent the virulent action of the poison are unconfronted by cases of an opposite character, we should hold on to it.

But Dr. Mitchell exhumes another antidote which, from the testimony adduced, as far as it goes, would seem to have as strong claims to our confidence as the oxide of iron. This is *tobacco*, which, in the opinion of our author, "when it comes in contact with the arsenious acid, forms with it a *tertium quid*," and "a sort of *compound poisoning*" is the result, "in which the original poisonous quality of both articles is lost." We refer to this opinion, not because we attribute to it particular value, but as being somewhat characteristic of the author. The efficacy of the remedy in the first place, rests upon very insufficient evidence; but Dr. M. assumes that it is a true antidote and thereupon launches out into bold speculations as to its modus operandi. He has no facts upon which to base his opinions, but an explanation, *per fas aut nefas*, must be given, and so he concludes that the two poisons come together and form a *tertium quid*—a sort of harmless "compound poisoning!" And upon the strength of this theory he comes to the momentous conclusion, that "an inveterate chewer of tobacco could not be saved by the exhibition of any quantity of the article!" "Here's fine philosophy, an we had the trick to see it." In these days of cautious deduction how refreshing it is to encounter such a spirit of bold philosophising. No reference to facts; no waiting for the slow processes of observation and experience, but a jumping to conclusions. First, "tobacco

is an antidote to arsenic"—assumed upon the slenderest possible ground. "It acts by forming with the poison a *tertium quid*;" (no proof in the world of it.) Therefore, "an inveterate tobacco-chewer could not be saved by any quantity of the article!" After writing this, we wonder that it did not occur to our dashing author to add, *quod erat demonstrandum!*

We quit the subject of arsenic with one single quotation more, from which it will be seen that our author has fully as much faith in the chemical tests as in the chemical antidotes for this poison. He says—

"The *antiseptic quality* and the *indestructibility* of the poison, render its discovery in the body almost a matter of certainty, *even though twenty years* should pass away before suspicion should lead to examination."

Does he really believe that the antiseptic qualities of arsenic will preserve the human body undecomposed for twenty years? But suppose the victim has died of the nervous shock, after the ejection of most or all of the poison, how then about the "certainty" of its "discovery?"

The author takes in *auscultation* in his treatise, "though not," as he expresses it, "in the common acceptation, an article of the materia medica." Is it, in any acceptation, common or uncommon, "an article of the materia medica?" But it pertains to medicine, and as Dr. M. evidently designed his work to be a *pandect* on the subject, this was a sufficient reason for introducing it. In the same spirit he devotes twelve long pages to the subject of *bathing*, which he discusses in all its relations, physiological, hygienic, and therapeutical; or we should rather say, that he fills those pages with a quotation from the treatise of Dr. Robertson on Diet and Regimen. The passage quoted is an excellent one and will probably be read with as much interest as any other in the book.

Dr. M. speaks of Belladonna as a preventive of Scarlet

Fever in terms of decided approbation. He says, "I have employed the extract with such decidedly *preventive* efficacy that it would be folly or madness to doubt." Besides warding off the alarming disease, he adds, that he has "allayed the perturbation of nervous mothers effectually" by the prophylactic, and this alone he considers worth the trouble of the prescription. The prescription needs no extraneous recommendation if it can only be shown to be effectual. Establish the fact that scarlitina can be averted by the use of belladonna, and the practice will soon become universal. Our author directs three or four grains of the belladonna to be dissolved in an ounce of cinnamon water, of which a teaspoonful, more or less according to the age of the subject, is to be given to each child three times a day, for a week, when the medicine is to be intermitted for two or three days and then resumed as before.

Dr. M. is staggered by the practice of M. Mouneret, who administers the *nitrate of bismuth* to his dyspeptic patients in tablespoonful doses. He is not afraid of "*any quantity*" of the *nitrate of silver*, but when it comes to *bismuth*, he exclaims, "really it does seem to us, that such wholesale administration looks very like an argument in favor of the poetry of homœopathy." Of the two, we confess, we should declare for the bismuth practice.

Bloodletting is noticed at considerable length and a long letter is copied from the *New York Journal of Commerce*, in which Dr. Evan, of Sevoor, in the Deckan, as long ago as the year 1818, recommended that remedy in Asiatic Cholera. Could not our author, in all his reading, have found some testimony on that point a little more recent, and nearer home? Why go back to the annals of that early period, and of that remote region, when we have since had cholera in our midst and under our own eye?

Hitherto we have given our readers but few extracts from this work. The following is characteristic and, we be-

lieve, will prove amusing. Our author is treating of *bread pills*, or, as he learnedly styles them, *pilulæ panis*, concerning which he remarks—

"The philosophy of the use of bread pills as a remedy is more complex than some may imagine The prescription is an exceedingly simple thing in itself considered, and owes its success not so much to any inherent medical property as to the effect induced on the mind of the patient by the contingencies of the case. In other words, we accomplish good results with bread pills, by inspiring the *patient* with *confidence* in the means, and in our wisdom of the device. His confidence is essential to salutary results. Without it, we prescribe in vain.

The following case, which occurred during my pupilage, may serve as an illustration. A female consulted my preceptor (a worthy member of the Society of Friends), in relation to a disease of long standing. It was plainly a hypochandriacal affection, protracted and made worse by her sedentary habits. There was no evidence of organic disease in the system, and the good lady pretty clearly stated the case, by announcing her desire to have something prescribed that would *settle her nerves*.

The doctor listned to a long story with a pretty large measure of the patience of Job, but very soon decided what was to be done. He whispered in my ear to get some soft bread and make a box of forty pills, well scented with the oil of anise, and the suggestion was promptly carried out. With the box in his hand, the physician thus addressed the patient:—"My friend, I think my student has made thee some pills that will be of great benefit, if taken according to my directions. Hast thou a clock or a watch at home?" The lady gave a negative reply. "Thou canst borrow a watch of a neighbor, perhaps?" "Yes, I think I can," was the rejoinder. "Well then," said the doctor, "precisely at nine, twelve, and three o'clock in the day, three of these pills must be taken. Mind and be particular to the minute, or I cannot give thee any encouragement. Everything now will depend on thy self. Do as I direct, and call when the box is empty and let us know the result." The patient's whole mind was concentrated on a single point, her confidence in the doc-

tor was full and complete. She retired under the deep conviction that the doctor had fully analyzed her case, and that the pills would cure her.

After the lapse of some days the patient was again at the office, and could scarcely find words to express her gratitude to the doctor. She declared that she had been improving every day since she began to use the pills, and now felt better than for ten years past. The box was renewed once or twice, and the recovery was complete."

On the subject of blistering some judicious remarks occur. Dr. M. insists upon their application at the proper time, which is all very well, and, we suppose, is very well understood, but his phraseology, in one place, is rather peculiar. Speaking of applying a blister to the chest of a man in pleurisy, with a full bounding pulse, he says, "fortunately, it would not act at all under such circumstances" or if it did, "its tendency would be to make the matter worse."

Referring to *Chloroform*, he says, "the notoriety acquired by this article as an *anæsthetic* agent entitles it to a short notice here." Now, with all due deference, we submit whether, if it had acquired no notoriety as an anæsthetic agent, the success with which it has been employed in a variety of diseases would not have entitled it to a good deal more prominent place than has been given to it in his book? We venture to express the opinion that if the reference to *bread pills*, *cheese*, and a number of such like matters had been made much shorter, or omitted altogether, and the article on choroform had been made much fuller than it is, the volume, without any increase of bulk, would have been rendered more worthy of the present state of the science. The reader, from the brief notice of it given by Dr. M. would be left to the conclusion that the value of chloroform in surgery is still a doubtful question. It has "been resorted to by *some* distinguished surgeons" he says, but adds, that "the professional mind

is by no means agreed in regard to the practice"; and ventures the prediction that "in ten years chloroform will be discarded as an obstetric medicine." It would have been as well, perhaps if he had spared himself the exercise of his prophetic gifts and indulged a little more freely in historical details. His readers are fully as much interested in knowing what has been done with the remedy, as in learning what he imagines is to be its destiny. If he would allow us to offer a friendly suggestion, it would be that vaticination is somewhat out of place in a sober work on materia medica, and that what medical men are especially interested in understanding is how far the remedial agents submitted to their notice have been found efficacious in practice. In a word, they ask for facts, not conjectures or predictions.

The profession cannot be otherwise than deeply obliged to our author for the discovery announced by him, that "typhus and typhoid fevers are essentially and in fact *remittents*," and as curable in their earlier stages as remittents or intermittents by sulphate of quinine—that the only reason why the medicine does not cure them in the advanced stage" is "the establishment of lesions in the bowels." We fear the common experience of practitioners has been just the opposite of this, and that they have found the typhoid a disease quite other than a remittent or intermittent fever. It is easy to dogmatise, but bold assertion is of little worth in the absence of all proof. If typhus and typhoid fevers are so curable in their incipient stages, it must be owned that physicians have been slow to make the important discovery; and the fact is all the more unaccountable for that the diseases have been so long known, and submitted to every conceivable mode of treatment. How happens it that they have not yielded, in their forming stage, to some of the plans employed? We confess, we distrust our author's testimony on this point. We fear his sanguine disposition has led him to

assert what future experience will not bear out. But let the experiment be made—let quinine have a fair trial in the earliest stages of these refractory fevers, and if the sequel should establish the efficacy of the method the authors of it will receive the thanks of mankind.

Fourteen consecutive pages are devoted by our author to the subject of *climate*—a subject belonging much more properly to hygiene than to materia medica—the whole being copied from Copland's *Library of Practical Medicine*. We notice this fact, not because these extracts are not quite as good as any other part of his work, but because it is very much in this style that his book is made up. It seems to have been his purpose to make a *big book*, and to that end he has not only dragged in topics from every department of the healing art, but levied freely upon authors all around, many of whom certainly are not so inaccessible as to have afforded him a pretext for copying scores of their pages. Why, for example, except to swell the size of his volume, take ten pages from *Williams* on *cod-liver oil*, or six from the *London Lancet*, on the tonic action of nitric acid, or these fourteen pages from *Copland*, on climate, or a dozen from *Robertson*, on bathing? As to the miscellaneous character of his topics we have had some illustrations. Among those introduced in the remaining portion of his treatise are the following: "compound poisoning," the "uses of cotton," "depuration of the blood," "regulation of diet," "elimination," "philosophy of vomiting," "fish-poison," "the causes of milk-sickness," "tinctures not necessary," "epilepesy cured by trephining," &c., We venture the belief that such a jumbling of subjects has not been often seen except in a "Receipt-book." The author, perhaps, hoped by making his work a sort of *encyclopedia* of the medical sciences to win every class of readers, or possibly he may have been ambitious to make a show of universal learning. But by whatever motive influenced, our belief is that he

has not acted judiciously in forming such a salmagundi, and will find in the end that he has missed his aim.

Before bringing this article to a close we must favor our readers with another extract which is eminently characteristic of the work. Dr. Mitchell is speaking of *mesmerism* which he dismisses in the following manner:

"It may be expected by some that a considerable space would be allotted to the vaunted miracles of *animal electricity*, or *animal magnetism* or *mesmerism*. But the vagaries of this subject are so perfectly in keeping with the stale tricks and illusions of *jugglery* that I cannot regard them as entitled to a serious notice. There may be, and probably is, some truth mingled with the huge mass of delusion and falsehood; and the same might, with a show of propriety, be affirmed of the devil, albeit his accredited title is the father of lies. The developments of the mesmeric philosophy have been marked by a periodicity of type, coming and going by fits and starts, as the interest of the operatives prompted; and they are destined to annihilation, as they come in contact with cultivated minds and vigorous common sense. We cannot close these remarks better than by giving the following quotation from an article by Dr. Wigan (author of *Duality of the Mind*,) in the *London Lancet* for 1845. 'The treadmill is the only cure for mesmerism, at least of those who make it a means of extracting money from their dupes; as for the poor creatures who pursue the 'science' as amateurs, they must be left to themselves. We can prevent gaming-houses, but we cannot prevent domestic gambling. At any rate, while such exhibitions are tolerated, it is a shameful injustice to punish old women for giving poor servant girls delightful dreams by prophesying handsome and wealthy husbands, and taking their half crowns in exchange for the cheap bliss.'"

Now, our readers will bear us ready testimony, we have never shown any leaning towards mesmerism, but rather, perhaps, a temper inclined to hostility. We have discredited its high pretensions and steadily ranked it in the category of humbugs; but, we must say, that we find our

sympathies for it somewhat stirred by such an assau't as this. As we read it, we confess our feelings were somewhat akin to those of the benevolent Scotch divine, naturally recalled to our recollection by the language of the extract, who, after exhausting every other topic of prayer, proposed to his congregation to "*pray for the puir Deil.*" Mesmerism, as it pervades society, is monstrous enough, in all conscience, but give it its due—it is not as flagitious as Dr Mitchell would make it out. There is charlatanry enough about it, but it is not all a trick. Many of its alleged phenomena are too preposterous to be admitted, but many others must be received as unquestionable physiological facts. No one, we suppose, doubts the reality of the mesmeric sleep, or the blunted sensibility of persons when in that condition. Some other effects are as indubitable as these, and have their analogy in morbid states of the system well known to the physician. But even if the thing were worse than it is, (and it could hardly be worse since it has been married to "Spiritual Rappings,") such terms as are contained in this quotation are not those in which it becomes scientific men to assail it. With all its enormities, the respectability of its advocates gives it some claims to respectful consideration. We must do it justice; reject all that is false in its pretensions—brush away the bushels of chaff about it, and garner up the few grains of wheat that it has produced.

Touching *homæopathy* our author has some spirited remarks which are in better taste than many other parts of his book. They are as follows:

"Everybody who has read of the dilution of medicines, understands well enough what is meant by infinitesimal doses and infinitesimal practice. Rub a grain of opium with a hundred grains of white sugar, and the longer you rub, the stronger, medicinally, is the product. Take a grain of the mixture, add a hundred grains of sugar, and rub again. Of the mixture so made, take a grain and

rub with it another hundred grains of sugar, and repeat the same process twenty times, and then determine, if you can, how much opium is in the final product of the mixture and trituration; and some faint idea may be formed of the actual inherent power of *infinitesimal* doses, and of *infinitesimal* practice. We cannot waste more time on the subject. To make the effort would require a vast deal more patience than good old Job ever manifested or possessed. The man who can coolly swallow such a system, is ripe for the credence of any absurdity, no matter how impossible. In our view of the subject, it is really necessary for one to stultify himself, to become actually demented, or intentionally to play the knave ere he can deliberately attempt to reconcile such a system with common sense and the acknowledged laws of the animal economy. We may be mistaken, but cannot reach any other conclusion.

The attempt to justify these almost invisible doses, on the assumption that disease is *intangible, spiritual, ethereal*, and that the remedy must be kindred in its nature, is absolutely insane. Oh! it would be well for many an aching heart, if the *croup* and *laryngitis* and *pneumonia* that have smitten their loved ones to the earth, could be made to appear as intangible, spiritual, ethereal. Then might they find consolation in the fact that infinitesimal and intangible doses were heaven's only method of cure; and that they failed because failure was inevitable. But the knife tells another story, when it discloses the frightful disorganization of parts most essential to life, aggravated and made positively incurable by the mad devotion to a moon-stricken philosophy."

With this extract we close our notice of Dr. Mitchell's volume, our estimate of which our readers will gather from what has been written. There might be a worse treatise produced on the subject; in many respects, we think, it is susceptible of great improvement. If re-cast and re-written, with many additions and a good many omissions, it is a work which might be recommended. Its greatest defect is a want of judgment, and next to that is the want of taste which is displayed on nearly every page. The lat-

ter is comparatively a venial offence, although style, even on scientific subjects, is a thing not to be wholly disregarded; but the other deficiency is a capital one in a work on therapeutics. In all candor we are compelled to say, that its doctrines, on many important points, strike us as radically unsound, and its practice as unsafe. Upon the whole, however, it is superior to the author's "*Chemical Philosophy*" published some twenty years ago, and we take pleasure in bearing so much testimony to its merits. It is something for a writer to have excelled himself.

The mechanical execution of the book is unexceptionable. It is correctly printed on good paper, and presents an agreeable appearance. Messrs. Lippincott, Grambo, & Co., are proving themselves worthy successors to our old friends, Messrs Grigg and Elliott. We hope their next publication will be of a character to enable us to speak more favorably of it, than with a good conscience, we could of this. Y.

SELECTIONS

FROM

FOREIGN AND HOME MEDICAL JOURNALS.

The American Medical Association.—The meeting of this body took place on Tuesday, May 6th, in St. Andrew's hall, at Charleston, S. C. The president, Dr. Mussey, of Ohio, took the chair, at eleven o'clock, and called the association to order.

Dr. Frost, on behalf of the committee of arrangements, read the list of delegates who had reported themselves; (this list is too long to be published here—there were some two hundred in attendance, and they represented twenty-five states. The following gentlemen composed the delegation from Virginia: Drs. B. R. Wellford, P. C. Gooch, M. P. Scott, J. P. Tabb, H. C. Worsham, W. W. Parker, Medical Society of Virginia; C. P. Johnson and D. H. Tucker, Medical Department of Hampden Sydney College; J. W. Walke and J. G. Lumpkin, Soc. Alumni of ditto, Hugh McGuire, Winchester Medical College, and F. W. Powell, Middleburgh.)

The association having been organized, Dr. Thos. Y. Simons, the Chairman of the committee of the South Carolina Medical Association, in a warm and hearty address, welcomed the delegates present from the other states to the city and state, on behalf of his associates, which was responded to in a becoming manner by the president.

The president of the association read a letter from Dr. Stille, resigning his office, in consequence of the impaired state of his health.

On motion of Dr. Arnold, of Savannah, Ga., it was proposed that the letter of Dr Stille be placed on record,

in compliment to him, for the interest he has manifested in the association.

Dr. Arnold offered the following resolution, which was adopted:

Resolved, That a committee of one from each state represented in the association, to be chosen by their respective delegates, be appointed to nominate suitable officers to be elected for the ensuing year.

The association took a recess for ten minutes, to allow the delegations to elect their committee-men under the above resolution.

On the re-assembling of the convention, the president reported the following gentlemen as having been selected as the nominating committee: Drs. B. R. Wellford, of Virginia; Geo. Mendenhall, of Ohio; Joseph Fithian, of New Jersey; R. D. Arnold, of Georgia; G. W. Miltenberger, of Maryland; H. R. Frost, of South Carolina; N. G. Pittman, of North Carolina; W. H. Anderson, of Alabama; A. H. Stevens, of New York; Usher Parsons, of Rhode Island; Jos. Carson, of Pennsylvania; H. Adams, of Massachusetts; Thomas Reyburn, of Missouri; Jas. Jones, of Louisana; J. B. Flint, of Kentucky; John Sloan, of Indiana; C. Boyle, of the District of Columbia, and J. B. Lindsey, of Tennesse.

The committee having retired, the president delivered an address of some length on matters connected with the association, and the advancement of medical science. It was received with marked attention and applause.

The nominating committee, through their chairman, then read the subjoined names as suitable candidates for officers of the association for the ensuing year, viz:

Dr. James Moultrie, of S. C., *President;* Dr George Heyward, of Mass., Dr. R. D. Arnold, of Georgia, Dr. B. R. Wellford, of Virginia, Dr. J. B. Flint, of Kentucky, *Vice-Presidents*; Dr. H. W. Desaussure, of S. C., Dr. P. C. Gooch, of Virginia, *Secretaries;* Dr. Isaac Hays, of Pennsylvania, *Treasurer.*

On motion of Dr. La Roche, of Pennsylvania, the report was accepted, and the gentlemen thus nominated were elected the officers of the association for the ensuing year, and they were invited to take their seats on the platform.

The president elect then took the chair, and in a few

appropriate remarks, returned his thanks for the honor thus conferred on him by the association:

The secretary read a report transmitted to him from the committee on unfinished business, appointed at the session of 1850, which,

On motion of Mr. Arnold was accepted and laid on the table.

On motion of Dr. Gaillard, of South Carolina, the following resolutions offered by Dr. Drake, of Cincinnati, at the session of 1850, be taken up for consideration:

Resolved, That the second section of the regulations of the association be so amended as to require that candidates for membership, by invitation, be nominated in writing by five members; that when elected they shall enjoy all the rights of delegates, and that all permanent members shall be entitled to vote.

After some discussion on motion of Dr. A. H. Stevens, of New York, the resolution was referred to a committee, consisting of Drs. Drake, of Ohio, Wood, of Penn., and Wellford, of Virginia.

Dr. Stevens, of New York, offered the following resolution, which was discussed by Drs. Storer, of Mass., and Moore, of Georgia, and finally rejected:

Resolved, That a Committee be appointed to report to the association the business before it, and to offer such suggestions as they may deem advisable for the due discharge of the same.

On motion, the association adjourned to meet on Wednesday morning at ten o'clock.

Second Day.—The president called the association to order at ten o'clock, and the minutes of the preceding meeting were read and confirmed.

Dr. Wood asked and obtained leave to read the following report, on amending the constitution, signed by himself and Dr. B. R. Wellford:

The committee to whom was referred the proposition of Dr. Drake, for an alteration of the rules in relation to the admission and rights of members, have the honor to report as follows:

There are two distinct branches of the proposition; the first of which relates to the invitation of medical men not delegates to participate in the proceedings of the

association; the second has in view the extension of the right of voting to permanent members.

The committee agree in the general purport of the first part of the proposition. As it now stands, the rule admits of a too easy admission to the privileges of members, and it is susceptible of great abuse. It might happen, in a place where the number of physicians was very considerable, that sufficient might be introduced to control the decisions of the delegates. To guard against such a result, the committee recommend, that, in addition to the provision that none should be invited by the association unless upon a previous written proposal by five delegates, the existing rule should be so altered as not to confer upon the invited members the privilege of voting.

In relation to the second part of the proposition, that, namely, which gives the privilege of voting to permanent members, the committee do not consider its adoption advisable, on the following grounds: This association is essentially a representative body. Its opinions are supposed to be those of the societies or associations by which the delegates are appointed, and go forth to the world with the authority in some degree of the medical profession generally. Now, if permanent members were permitted to vote, they would exppess their own individual opinions and support their own individual preferences; both of which might be in direct opposition to those of the delegates, and not fairly representative of general medical sentiment, It is easy to conceive that combinations among permanent members might be formed, more powerful than the properly delegated body, which might thus be overruled in its decisions. The opinions or wishes of a comparatively few individuals might thus go forth to the world as those of the profession at large, and private purposes might be answered at the expense of the general good. This would defeat the main objects of the association, and prevent it from continuing what it may now be considered to be, the exponent of enlightened medical sentiment in this country.

The committee, therefore, recommend that the question on Dr. Drake's proposition be taken seperately upon its two branches; that the first be adopted with a modification, withholding the right of voting from invited mem-

bers; and that the second, which confers this right upon permanent members, be not adopted.

GEO. B. WOOD.
B. R. WELLFORD.

Charleston, (S. C.,) May 7, 1851.

Dr. Drake then read the subjoined minority report:

The undersigned, a minority of the committee to whom was referred the resolution for amending the second section of the constitution, begs leave to report, that in his opinion it is expedient, and will be found promotive of the great objects for which the association was formed, that "members by invitation" should not be admitted, except under a written nomination by five members; that when thus chosen, they should enjoy all the rights and privileges of delegates, including permanent membership; and that all permanent members should be entitled to vote. With these views the undersigned respectfully submits a revision of the resolution into the following:

Resolved, That members by invitation shall be nominated in writing, by five members, which nomination shall be made a matter of record; that when elected they shall enjoy the rights and privileges of delegates, and remain as permanent members of the association.

Resolved, That all permanent members shall have the right of voting.

Respectfully snbmitted.

DAN. DRAKE.

Dr. I. Hays moved to take up the majority report, which motion was carried.

Dr. Arnold spoke against the article of the constitution authorizing invited members to vote.

Dr. Wood explained his report, and urged its adoption.

Dr. Davis, of Chicago, said that there was much misunderstanding in regard to the intention of the constitution in respect to the members by invitation. He hoped that the constitution would be strictly acted up to, and that members should be invited only "from sections not otherwise represented."

Dr. Wood said his was an amendment, and not a repeal of the old provision.

Dr. Drake responded—he had waited for arguments against his resolution, but heard none. He then entered into a long argument in favor of *popularizing* the associa-

tion with the profession in the United States, and took ground in favor of a permanent place of meeting at Washington City.

Dr. W. Atlee, of Pennsylvania, said he could see no harm in giving the privilege of voting to invited members who came from unrepresented localities, but was opposed to the right of voting proposed to be given to permanent members.

Dr. Meigs, of Philadelphia, asked whether a gentleman would be invited to attend without any privileges, and went on to say that he hoped the association would have five, ten, or even twenty thousand members at some future period.

Dr. Hooker, of Connecticut, begged to be allowed to offer the following resolution, the resolution of Dr. Drake having been laid on the table for the present:

Resolved, That no member be permitted to speak longer than ten minutes at any one time in any one debate.

Dr. Philips, of New York, offered to amend the resolution by inserting "15," which motion was lost.

The resolution as offered by Dr. Hooker, was then adopted.

Dr. Hays moved to lay the subject on the table, and added that by a constitutional provision it was required to lay over one year.

The motion was seconded by Dr. Tucker, of Virginia.

Dr. Dickson, of South Carolina, asked if the motion swept off the whole resolution, and was answered affirmatively by Dr. Hays.

Dr.———said if the matter was postponed now they would not be out of difficulty, because all that is necessary to defeat it next year would be to move to amend it, and it would have to lie over a year again, &c.

The matter was finally laid on the table.

Dr. Wood, of Pennsylvania, called up the second part, or that portion giving to permanent members the right to vote.

The majority of the committee accepted the substitute of the minority, which was read as follows, viz:

Resolved, That all permanent members shall have the right of voting.

Dr. Dickson urged the adoption of the above resolution.

Dr. Hays, of Philadelphia, remarked that the constitu-

tion had not been studied by the gentlemen who had urged the adoption of the resolution, and spoke in opposition to the measure.

Dr. Thompson, of Delaware, supported Dr. Hays, and hoped that the whole matter would be laid over for a year.

Dr. Dickson observed that he had been accused of ignorance of the constitution. He hoped to have these gentlemen always here to instruct him.

Dr. Bond, of Maryland, took part in the discussion.

Dr. Adams, of Massachusetts, remarked that they ought to strike out the words "permanent delegates" from the constitution, and was proceeding with his remarks, when the gentleman was called to order.

The question was here taken on the adoption of the resolution, which was lost by a large majority.

Dr. I. Hays, the treasurer of the association, then read the report of the committee of publication and also the report of the treasurer.

The subjoined resolutions, appended, were read and adopted:

1. *Resolved*, That the assessment for the present year shall be three dollars.

2. *Resolved*, That those delegates who pay the assessments shall be entitled to one copy of the transactions for the present year, and that the payment of two dollars, in addition, shall entitle them to two additional copies.

3. *Resolved*, That permanent members shall be entitled to one copy of the transactions for the present year on the payment of two dollars, and three copies on the payment of five dollars.

4. *Resolved*, That societies which have been represented in the association shall be entitled to copies for their members on the same terms that copies are furnished to permanent members.

5. *Resolved*, That permanent members, unless present at the meeting as delegates, shall not be subject to any assessment.

6. *Resolved*, That any delegate who is in arrears for his annual assessment shall not be considered as a permanent member.

7. *Resolved*, That the several committees be requested to bring to the meeting of the association their reports,

correctly and legibly transcribed, and that they be required to hand them to the secretaries as soon as they have been read.

All which is respectively submitted.

ISAAC HAYS.

Phila., April 20, 1851. D. FRANCIS CONDIE.

Dr. Drake, of Ohio, moved that the report on surgery be read first. Adopted.

Professor Eve, chairman of the committee on surgery, then proceeded to read his report.

A motion was made by Dr. Davis to commit the same to the committee on publication; which was adopted.

Dr. Hays moved to read Dr. Flint's report by its title—Practical Medicine—and refer the same to the committee on publication, which motion was adopted, and the several hundred copies printed and furnished by the author were directed to be distributed among the delegates present.

A motion was then made to adjourn till five o'clock, P. M., which was adopted.

Afternoon Session.—The president having called the meeting to order,

Dr. Boyle, of Washington, offered a resolution that the association in future meet in Washington city.

Dr. Gooch extended an invitation from the Medical Society of Virginia to hold the next meeting in Richmond city, which he said was in accordance with the instructions of the delegation, and Dr. Carter P. Johnson, from the medical faculty of Hampden Sydney college, presented an invitation to the same effect. Invitations were also presented by Dr. Jones, of the University of Louisiana, to meet at New Orleans, and Dr. J. P. Johnson, of Missouri, to meet at St. Louis. The resolution and invitations were referred to the committee on nominations.

The president suggested the propriety of appointing the standing committees at an early day.

Dr. Wood remarked that there was a proposition to abolish standing committees.

Dr. Hays said he was opposed to these committees, but would not press an alteration.

Dr. Tucker moved that the appointment of the standing committees be referred to the committee on nominations, which motion was adopted.

Dr. Jones, of Louisiana, resigned as a member of the

committee of nominations, and Dr. Fenner, of New Orleans, was appointed in his place.

Dr. Parsons then moved that the committee of nominations be requested to resume its labors, which was adopted.

Dr. Wragg, of Charleston, moved that the report of the committee on prize essays be read, and then that the obstetric report be brought up. Carried.

The report on prize essays was then read, and the resolutions appended thereto were adopted.

When, on motion of Dr. Ready, of South Carolina, the whole matter was referred to the committee of publication.

Dr. Storer, of Boston, chairman of the committee on obstetrics, read the report on that subject. He stated that he had received a letter from Dr. Thompson, of Illinois—that he was the only member of the committee who had aided him in any degree. He mentioned this fact, because he had to hold himself entirely responsible for all the inaccuracies, &c.

Dr. Phelps, of New York, moved that the report be referred to the committee of publication.

Dr. Robertson, of South Carolina, moved that the statistics alluded to in the report be stricken out, as they had been taken from a source not very reliable.

Dr. Storer seconded the motion.

Dr. Bond moved to postpone the report until morning, which was seconded by Dr. Gilman.

A short debate here ensued; when it was finally agreed to re-commit said portion of the report, to be corrected and laid before the association in the morning.

On motion, the association adjourned to meet on Thursday morning at ten o'clock.

Third Day.—The president, Dr. James Moultrie, took the chair at ten o'clock.

The minutes of the previous meeting were read, and after some slight amendments, were confirmed.

Dr. J. M. Smith, of Massachusetts, moved that the report of the committee on medical education be made the special order, after the disposal of the report on the committee of obstetrics.

Dr. Gaillard, on behalf of the committee of arrangments,

read a list of delegates reported and registered since the last report.

Dr. Campbell, of Georgia, presented a model of a malformation of the knee joint, the patella being absent.

Dr. Wood, of Pennsylvania, offered the following resolution:

Resolved, That colleges, exclusively of dentistry and pharmacy, are not recognized by the association as among the bodies authorized to send delegates to its meetings.

Dr. Wood, of New York, moved to amend by dividing the resolution, so as to make the question, first, on the reception of delegates from colleges of dentistry; secondly, on the reception of delegates from colleges of pharmacy.

The amendment having been accepted, the question of the reception of delegates from colleges of dentistry was debated.

Dr. Lamb moved an indefinite postponement of the resolution, which was lost.

Dr. Yardley, of Pennsylvania, asked and obtained leave to read a resolution from the Philadelphia county medical society.

The discussion of the original question was then resumed.

A motion was finally made by Dr. Hays, of Pennsylvania, that the whole resolution of Dr. Wood, including colleges of dentistry and pharmacy, be referred to a special committee of five members, which resolution was adopted.

On motion of Dr. Yardley, of Pennsylvania, the resolution presented by the Philadelphia county medical society was also sent to the same committee.

Dr. Jones, of North Carolina, offered the following resolution.

Resolved, That all the medical colleges in the United States are hereby earnestly and respectfully requested to hold a convention, through delegates respectively chosen by them, at least once in every six years, to take into consideration the proper method of harmoniously elevating the standing of medical education in the said colleges.

The order of the day was then called up, when Dr. Storer reported that he had erased the statistics referred to yesterday, and that he placed the report in the hands

of the association. Dr. S. said that there was objection to the remarks on the subject of Dr. Gillman's paper on the speculum relm. He asked that he be permitted to remove the unnecessary expression of opinion in regard to that subject. He further added, that he had taken from the journals these facts, and was not therefore responsible for the correctness of the papers, &c.

Dr. Bond, of Maryland, remarked that there were charges in these reports which he did not individually endorse, but which go out in a book under the sanction of the association.

On motion of Dr. Davis, the report was referred to the committee on publication.

At this stage of the proceedings, Professor S. S. Holdeman, of Lancaster county, Pennsylvania, through Dr. John L. Atlee, presented to the association an essay on Latin pronunciation, of which he is the author; and which on motion of Dr. Atlee, was referred to the committee on medical literature.

On motion, the regular order was suspended for the reception of the report of the committee of nominations, which was read and laid on the table.

Dr. Hays then called up the resolution on page 43, vol. 2 of the Transactions of the Association, and moved to strike out "all that relates to committees," &c.

The motion was seconded by Dr. Stevens, and urged by Dr. Drake, who announced some ten or twelve special points, which he said ought to occupy the association, instead of being occupied with epitomes of Rankin and Braithwaite.

Dr. Hooker, of Conn., spoke of the looseness of committees and editors of journals.

Dr. Davis thought that they could decide on the matter at once,

Dr. Hays proposed to dispense with the standing committees. The question was then taken on the resolution, which was adopted.

Dr. Wood, of Penn., offered the following resolution, which was adopted:

Resolved, That a committee be appointed to take into consideration the arrangement of a committee for future action, to report as speedily as possible.

The chairman of the committe on medical education

was about to read the regular report on that subject, when Dr. Drake moved the suspension of the reading till after the recess, as it was a very long report.

On motion of Dr. Johnson, of Missouri, the report of the committee on medical literature was then taken up.

Dr. Desaussure announced that Dr. Davis would read a paper entitled "An experimental enquiry concerning some points connected with the process of assimilation and nutrition."

Dr. Reyburn, of Missouri, presented and read the report of the committee on medical literature. In the course of his reading the report, he gave way to a motion to adjourn, which was carried.

Afternoon Session.—The president took the chair at half past five o'clock.

The secretary announced the following gentlemen as having been appointed by the president, under a resolution of this morning, concerning a committee for the arrangement of business for the occupation of the association in future; Drs. G. Wood, of Pennsylvania, J. Hays, D. Drake, A. H. Stevens, W. Hooker, B. R. Wellford, and S. H. Dickon.

The following gentlemen were appointed a committee under a resolution in regard to schools of pharmacy and dental surgery, viz: Drs. Hays, Stevens, Yardley, Storer and Jones.

Dr. Dickson moved the following preamble and resolutions, which were seconded by Dr. Lebby, and unanimously adopted without debate:

Whereas efforts are being made to repeal the law of 1847, which confers protective ranks on the members of the medical department of the army—Therefore,

Resolved, That the American Medical Association views with regret the existence of hostility to the act of congress, approved February 11, 1847, which confers legal rights and equality with other staff departments on the medical officers of the army, and gives them a position to which the importance and character of the profession entitle them.

Resolved, That copies of these resolutions, with the resolutions of the association passed at its last annual meeting on the same subject, be transmitted to the secretaries of war and of the navy, through the chiefs of the

medical department of each service, and to the presiding officers of the senate and house of representatives of the United States.

The reading of the report of the committee of medical literature was then concluded.

On motion, the report was received and referred to the committee on publication.

The report of the committee on medical education was then called for, and as the hour was late, the chairman read only so much of it as relates to demonstrative midwifery, which had by special resolution been referred to the committee.

On motion, the report was accepted, and referred to the committee on publication.

Dr. Dickson then offered the following resolution, which was adopted.

Resolved, That this association unanimously approve of the opinions expressed in the report of the committee on medical education in respect to demonstrative midwifery.

The association then adjourned to meet at ten o'clock on Friday.

Fourth Day.—The president, Dr. James Moultrie, in the chair.

The minutes of the last meeting were read and confirmed.

The report of the committee on medical education being the special order, Dr. Stevens, of New York, asked and obtained leave to introduce the following resolutions.

Resolved, That the members of this association cannot separate without expressing their grateful sense of the hospitalities and numerous delicate attentions received from their medical brethern of South Carolina and the citizens of Charleston.

Resolved, That a committee be formed to procure a tablet, with a suitable inscription, commemorative of this meeting and the feeling it has elicited, to be placed at the disposal of the Medical Association of South Carolina.

Inscription.—"This tablet is here placed by the American Medical Association, to commemorate their annual meeting in the city of Charleston in May 1851, and to

signalize their gratitude for the extraordinary professional and social enjoyments that accompanied it."

The resolutions having been seconded were adopted; and Dr. Stevens further moved that Drs. Hayward, of Mass., F. A. Ramsey, of Tennessee, and himself constitute the committee.

Dr. Ramsey, of Tenn., asked and obtained leave to read a letter from Dr. E. D. Fenner, of Louisiana, and offered the following resolution on the subject which was adopted.

Resolved, That the efforts of Dr. Fenner to place on a firm and durable basis an annual publication, embracing medical reports from the whole Southern portion of the Union, merit the commendation of this association, and should receive solid support from American physicians.

Dr. Hays, of Pa., asked and obtained leave to call up for consideration so much of the report of the nominating committee as relates to the selection of the next place of meeting of the association, and the appointment of the committee of arrangements and the committee of publication, the other standing committees having been abolished. The report having been read, Dr. Drake, of Ohio, made an urgent appeal in favor of Washington city as the next place of meeting. The question being taken on the adoption of that part of the report of the committee, which proposed Richmond, (Va.,) it was adopted by a large majority. The question being taken on the confirmation of the committee of arrangements and publication the nominations of the committee were confirmed.

Richmond, Va., was selected as the next place of meeting by the association, and the following gentlemen appointed a committee of arrangements, viz: Drs. R. W. Haxall, chairman; Carter P. Johnson, James Beale, Chas. B. Gibson, S. Maupin, R. D. Haskins, C. S. Mills and M. P. Scott. Committee of Publication—Drs. Hays, of Pa., G. Emerson, of Pa., D. F. Condie, of Penn., H. W. Desaussure, of S. C., J. Parrish, of Penn., P. C. Gooch, of Va., and G. W. Norris, of Penn.

Dr. Hooker, of Conn., chairman of the committee on medical education, completed the reading of the report on that subject, and offered the following resolutions:

Resolved, That the abuses which exist in the modes of

medical education pursued in this country demand the serious consideration of the profession.

Resolved, That free discussion in relation to these causes is an important means of effecting their removal.

Resolved, That in the opinion of this association no effort to remove these abuses can succeed, that is not based upon a reform in the public sentiment, both of the profession and of the community.

Resolved, That this reform, so far as the profession is concerned, is to be effected mainly through its organizations, and that it is therefore incumbent upon every physician to do all that he can to give them character and efficiency.

Resolved, That this association has confidence in all proper efforts which have for their object a reform in the sentiments and practice of the community in relation to medicine and the medical profession.

Resolved, That the recommendations of this association at its former meetings in regard to education, both preliminary and medical, be re-affirmed, and that both the schools and private preceptors be still urged so to do their duty as to secure to the community a well-educated profession.

Resolved, That in the work of medical reform, while all precipitate movements should be avoided, we should aim at a steady advance, from year to year, till a thorough system of education be established by the profession throughout our country.

Dr. Wood, of Pennsylvania, asked leave to suspend the order usually taken with reports. Permission being granted, he read the following report which was adopted:

The committee to whom was referred the subject of arranging a plan of committees for future action, in place of the standing committees abolished by the association, have the honor to report as follows:

It appears to them that the most feasible plan of accomplishing the objects of the association is to select certain subjects which may be considered as suitable for investigation, and to refer these subjects to special committees, to be appointed before the close of the present session, and to report to the next. Such a selection the committee have accordingly made, and will offer to the consideration of the association.

As an additional means of securing valuable contributions, they propose, also, the appointment of a committee, whose business it shall be, in the interval between this and the next session, to receive original volunteer papers, upon any subjects which their authors may choose, to decide upon the merits of these papers; and to present to the association, at its next session, such of them as they may deem worthy of receiving this direction. With a view to increase competition, they think it advisable that a prize of fifty dollars, or a gold medal of that value, be awarded to each of the five papers presented to the association, or any smaller number of them, which the committee may consider most meritorous and the association may resolve to publish.

In reference to the resolution presented in the report of the standing committee on medical literature, and referred to the present committee, they have only to observe that, as its ends will probably be most effectively obtained by the adoption of the general plan which they have already brought before the notice of the association, they do not consider it expedient to make any further report.

As to the appointment of the special committees referred to, your committee think that the most convenient plan will be to refer to a special committee the nomination of a chairman for each, who shall then select, at his convenience, two individuals to aid him, with the restriction only, that the persons so selected shall be members of the association.

To the same nominating committee may be referred the appointment of the general committee, whose business will be to receive and judge whatever papers they may receive. As this general committee must frequently compare opinions, it will be desirable that they should reside near each other, and it is accordingly proposed that they should be chosen from one neighborhood. If the plan be found to work well, this locality may be changed every year, so that each section of the Union may in turn be charged with this duty. The committee would suggest that the general committee should be first chosen from members of the association, residing in Boston or its neighborhood, as the most Northern point.

To embody these suggestions in due form, the committee offer the following resolutions:

1. *Resolved*, That committees of three be appointed to investigate and report severally on the following subjects:

1st. Causes of the tubercular diathesis.

2d. Blending and conversion of the types of fever.

3d. The mutual relations of yellow fever and bilious remittent fever.

4th. Epidemic erysipelas.

5th. Acute and chronic diseases of the uterus and its neck.

6th. Dengue.

7th. The milk sickness, so called.

8th. Endemic prevalence of tetanus.

9th. Diseases of parasitic origin.

10th. Physiological peculiarities and diseases of negroes.

11th. The action of water on lead pipes, and the diseases which proceed from it.

12th. The alkaloids which may be substituted for quinia.

13th. Permanent cure of reducible hernia.

14th. Results of surgical operations for the relief of malignant diseases.

15th. Statistics of operations for removal of stone in the bladder.

16th. Cold water dressings.

17th The sanitary principles applicable to the construction of dwellings.

18th. The toxicological and medicinal properties of our cryptogamic plants.

19th. Agency of the refrigeration produced through upward radiation of heat as an exciting cause of disease.

20th. Epidemic diseases of New England and New York.

21st. Epidemic diseases of Pennsylvania, New Jersey, Delaware and Maryland.

22d. Epidemic diseases of Virginia and North Carolina.

23d. Epidemic diseases of South Carolina, Georgia, Florida and Alabama.

24th. Epidemic diseases of Mississippi, Louisiana, Texas and Arkansas.

25th. Epidemic diseases of Tennessee and Kentucky.

26th. Epidemic diseases of Missouri, Illinois, Iowa and Wisconsin.

27th. Epidemic diseases of Indianna, Ohio and Michigan.

II. *Resolved*, That a committee of nomination be appointed, whose duty it shall be to nominate the chairman for each of the above committees.

III. *Resolved*, That each of the chairmen thus nominated shall select at his earliest convenience, the members of the association to complete the committee.

IV. *Resolved*, That a committee of five members be appointed, to be called the committee for volunteer communications, whose duty it shall be, in the interval between the present and the next succeeding session, to receive papers upon any subject from any persons who may choose to send them, to decide upon the merits of these papers, and to select for presentation to the association, at its next session, such as they may deem worthy of being thus presented.

V. *Resolved*, That the committee for volunteer communications shall have the power to form such regulations as to the mode in which the papers are to eq presented, and as to the observing of secrecy or otherwise, as they may think proper.

VI. *Resolved*, That the selection of the members of this committee be referred to the same nominating committee, whose duty it will be to appoint the chairman of the several special committees as above directed, with this restriction, that the individuals composing it shall reside in the same neighborhood.

VII. *Resolved*, That a prize of fifty dollars be awarded to each of the volunteer communications reported on favorably by the committee, and directed by the association to be published: *Provided*, That the number to which the prize is thus awarded do not exceed five; and provided, also, if the number approved and directed to be published exceed five, that in such case the prize be awarded to the five which the committee may determine be most meritorious.

All of which is respectfully submitted.

GEO. B. WOOD, *Chairman.*

Charleston, May 9th, 1851.

Dr. Hays, of Pennsylvania, gave notice, that at the next meeting of the association he should offer an amendment to the constitution, line 4, so as to read "$10, instead of $3."

Dr. Atlee, of Pennsylvania, remarked on the value of

the report of the committee on medical education, and offered the following resolution, which was adopted:

Resolved, That it be recommended to the several state medical societies throughout the Union, to procure a republication of the report of the committee on medical education, for general distribution among the profession.

Dr. Drake offered the following resolution:

Resolved, That in the opinion of the association, the students of our schools should be required to matriculate within the first days after the opening of the sessions, and continue their attendance to the end of the terms, taking with them evidence of the same, to be presented with tickets of the professors when they become candidates for degrees.

The resolution was adopted, and Dr. Gibson moved to defer the filling up of the blank. Some discussion arose on this point, when the resolution was left to read, "within the first days," &c.

The report of the committee on medical science was then called up, when a letter was read from Dr. Dowler, chairman of said committee, regretting his inability to be present, and the necessity of sending it.

Dr. Fenner then read the outlines of the report, and asked permission to retain the same for revision, copying, &c., which was granted.

Dr. Mauran offered the following resolution, which was adopted:

Resolved, That the committee on publication be instructed to print conspicuously upon the title page of the forthcoming volume of the transactions, the following declaration, viz: "The American Medical Association, although formally accepting and publishing the reports of the various standing committees, holds itself wholly irresponsible for the opinions, theories or criticisms therein contained."

Dr. Storer moved the following resolution, which was adopted:

Resolved, That the hearty thanks of this association be presented to their late secretary, Alfred Stille, M. D., for his constant, unwearied and invaluable services since its first organization.

The secretary then read the report of the committee on "adulterated drugs."

Dr. Gooch expressed his disapprobation of the report, on account of its meagreness, &c.

A motion was made to refer the same to the publication committee; which was rejected.

Dr. Gooch then moved to lay it on the table, which motion prevailed.

Dr. Gaillard, of South Carolina, chairman of the committee on hygiene, presented an outline of the report on that subject. Referred to the committee of publication, with authority to append thereto a paper now in preparation, on the mortuary statistics of certain cities.

Dr. Drake, of Ohio, offered the following amendments to the constitution, which were read and ordered to lie over under the rule:

"All members by invitation must be nominated in writing by five members of the association, whose names shall be recorded in the minutes. When elected, they shall enjoy all the rights and privileges of delegates, and remain permanent members of the association.

"All permanent members shall be entitled to vote, and when they attend a meeting of the association, their respective names shall be registered, and each shall pay the sum required from a delegate."

The secretary read a protest from the Iowa University, against the representation of Rush medical college in this association.

Dr. Jervey moved to refer the protest to a special committee, to report at once.

Dr. Wood moved to refer it to the committee on colleges of pharmacy and dentistry, which was carried, Dr. Jervey having withdrawn his motion.

Dr. Wood read the following report of the committee of nominations, which was adopted:

The committee to whom was referred the nomination of the chairmen of the several special committees, to report at the next session, and also of the committee for volunteer communications, report that they have fulfilled the object of their appointment, and offer the following list of chairmen to the committees first referred to, viz:

1st. Dr. D. F. Condie, of Philadelphia, chairman to the committee on the causes of the tubercular diathesis.

2d. Dr. S. H. Dickson, of Charleston, S. C., on the blending and conversion of the types of fever.

3d. Dr. James Jones, of New Orleans, on the mutual relations of yellow and bilious remittent fever.

4th. Dr. John B. Johnston, of St. Louis, Mo., on epidemic erysipelas.

5th. Dr. Charles D. Meigs, of Philadelphia, acute and chronic diseases of the neck of the uterus.

6th. Dr. J. P. Jervey, of Charleston, S. C., on dengue.

7th. Dr. Daniel Drake, of Cincinnati, milk sickness—so called.

8th. Dr. Lopez, of Mobile, Ala., epidemic prevalence of tetanus.

9th. Dr. George B. Wood, of Philadelphia, on diseases of parasitic origin.

10th. Dr. R. D. Arnold, of Savannah, Geo., on the physiological peculiarities and diseases of negroes.

11th. Dr. Horatio Adams, of Waltham, Mass., on the action of water on lead pipes, and the diseases which proceed from it.

12th. Dr. Jos. Carson, Philadelphia, on the alkaloids which may be substituted for quinia.

13th. Dr. Geo. Hayward, Boston, Mass., on the permanent cure of reducible hernia.

14th. Dr. S. D. Gross, Louisville, Ky., on results of surgical operations for the relief of malignant diseases.

15th. Dr. James R. Wood, New York, statistics of the operation for the removal of stone in the bladder.

16th. Dr. Charles A. Pope, St. Louis, Missouri, water, its topical uses in surgery.

17th. Dr. Alex. H. Stevens, New York, sanitary principles applicable to the construction of dwellings.

18th. Dr. Porcher, Charleston, S. C., toxicological and medicinal properties of our cryptogamic plants.

19th. Dr. G. Emerson, Philadelphia, agency of the refrigeration produced through upward radiation of heat, as an exciting cause of disease.

20th, Dr. Worthington Hooker, Connecticut, on the epidemics of New England and New York.

21st. Dr. John Atlee, of Lancaster, Penn., on the epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

22d. Dr. Robert W. Maxwell, Richmond, Va., on the epidemics of Virginia and North Carolina.

23d. Dr. Wm. M. Bolling, Montgomery, Ala., on the

epidemics of South Carolina, Georgia, Florida and Alabama.

24th. Dr. Ed. H. Barton, Louisiana, on the epidemics of Mississippi, Louisiana, Texas and Arkansas.

25th. Dr. Sutton, Georgetown, Ky., on the epidemics of Tennessee and Kentucky.

26th. Dr. Thomas Reyburn, Missouri, on the epidemics of Missouri, Illinois, Iowa and Wisconsin.

27th. Dr. George Mendenhall, Ohio, on the epidemics of Ohio, Indiana and Michigan.

The following gentlemen were appointed on the committee for volunteer communications, viz: Drs. Geo. Hayward, J. B. J. Jackson, D. H. Storer, and Jacob Bigelow of Boston, and Dr. Usher Parsons, of Providence, R. I.

Signed in behalf of the committee.

GEO. B. WOOD, *Chairman.*

Charleston, Friday, May 19th, 1851.

The president read an invitation from the committee of reception to a steamboat excursion on the Cooper and Ashly rivers, on Saturday.

Dr. M'Intyre, of New York, proposed that the code of ethics and constitution of the association be recommended to be published by the several state societies. Proposition adopted.

Dr. Grimshaw offered the following resolution, which was laid on the table:

Resolved, That medical colleges, in publishing statements of the number of medical and surgical cases treated at their dispensaries, act contrary to the spirit of the code of ethics ad pted by this body.

Adjourned till 5 o'clock.

Afternoon Session. The association re-assembled at 5 o'clock, Dr. B. R. Wellford, of Virginia, vice-president in the chair.

The special order was called for, and Dr. Davis, of Ill., read a paper on the influence of certain diet on the functions of respiration and calorification, &c.

The president, Dr. James Moultrie, resumed the chair.

Dr. Hays moved to proceed with the consideration of unfinished business.

Dr. Grimshaw offered the subjoined resolution, which was adopted:

Resolved, That the thanks of the association be re-

turned to Dr. Davis for the paper just presented by him.

Dr. F. A. Ramsey, of Tenn., called up, as unfinished business, the resolution offered yesterday by Dr. Jones, of Tenn., and not then acted upon, to which Dr. Grimshaw offered the following amendment: "And that the first convention be held before the first of May, 1852." The question being taken on the resolution and the amendment, they were both negatived by a large majority.

Dr. Phelps, of New York, offered the following resolutions, which were unanimously adopted:

Resolved, That the warmest thanks of the association be tendered to the trustees of the St. Andrew's Society, for the gratuitous use of their very convenient and eligible hall; and to all those other institutions and reading-rooms, which have been so freely thrown open for the inspection and use of the members.

Resolved, That the committee of arrangements receive our most grateful acknowledgments for the very handsome, and indeed magnificent manner in which they have provided for the entertainment and pleasure of the delegates from abroad, during their sojourn in the city of Charleston.

Resolved, That not only the profession of medicine, but also private munificence, and the kind attentions of the citizens generally, have conspired in manifestations of that urbanity of manner, and that unwearied and kind attention, which commands not only our profound admiration, but will be followed by the most pleasing recollections so long as life and thought shall endure.

On motion of Dr. Stevens, the above resolutions, with those offered by him at the morning session, were ordered to be published in the city papers.

Dr. Johnston, of St. Louis, moved to adjourn *sine die*, which was adopted.

The vice-president in the chair, Dr. Wellford, of Virginia, then congratulated the association on the happy termination of its labors, and declared it adjourned, to meet again in Richmond, Va., on the *first* Tuesday in May next.

Views of the Germans on the Operation of Turning. By Charles West, M. D.—The doctrine at present taught there with reference to this point is, that turning may be employed with advantage in cases where there exists a moderate degree of pelvic deformity, coupled with not very active pains (which have proved inadequate to drive the head through the pelvic brim), and a dilated state of the os uteri. The younger Osiander has most fully considered this practice, and the objections that have been raised to it, and recommends it as more generally applicable than the majority of his countrymen are disposed to admit, since he is inclined to practise it in many cases as a substitute, not merely for the forceps, but, after they have been unsuccessfully tried, as a means of avoiding the use of the perforator. He denies the danger or difficulty of pushing back the head, and turning the child after the forceps have been ineffectually applied, and states that he has under such circumstances turned with facility. He denies that the difficulty in extracting the head when it comes last is as great as when it presents, and appeals to general experience in proof of his statement. "The reason why the child which could not be brought into the world while its vertex presented, can be delivered after it has been turned, appears to be, that when the head presents, its broader part has to be drawn through a narrow passage without its being held fast, except at its sides; while, on the other hand, after turning, it offers the under part of the face and the neck like the narrow end of a wedge, and thus its smaller part coming first, can be firmly held on either side by the forceps, and if need be, can have additional force applied to move it, by drawing at the lower jaw, and by pressure on the back of the neck and shoulders.—*Med. Gaz.*

THE WESTERN JOURNAL.

THIRD SERIES.—VOL. VIII.—No. I.

LOUISVILLE, JULY 1, 1851.

AMERICAN MEDICAL ASSOCIATION.

The meeting of the American Medical Association at Charleston was entirely successful. The attendance was large, the exercises spirited, and the temper manifested by the members liberal and harmonious. In a social point of view, it is said to have been the most interesting meeting yet held. From the report which will be found in another part of this number, we infer that the amount of talent brought out by it was fully equal to that elicited by any previous meeting. Our impression is that these meetings have been increasing in earnestness, and that the conviction is growing stronger in the minds of the leading men of the profession, that the Association has force and value in it. We think we can discover in its last proceedings evidences of a determination, never shown in the same degree before, to render it effective. There is no longer any doubt respecting its perpetuity, and many who at first held back begin now to show a willingness to go to work and develope all its capacities of usefulness.

It will be seen, that the standing committees have been abolished, and that in future there are to be appointed in their stead committees for the investigation of special subjects. Upon the whole, we approve of the change and believe it will be found to impart a higher interest to the labors of the Association. Many of the reports heretofore made have

been judicious and able and have embodied a mass of matter of great value, but in the nature of things such reports as are contemplated by the new provision must possess a freshness that cannot be given to stereotyped subjects. The topics proposed for reports to the next meeting appear to us to have been well chosen.

We regret that the effort of Dr. Drake to *popularize* the Association was not successful. We believe it would be better to bring in as many good members, by the method advocated by Dr. Drake, as possible, and to give to all such full privileges. It would increase the attendance and add new life to the meetings, and, what is of more importance, deepen the interest felt in the Associa.ion by the profession. We hope the proposed change in the constitution will yet be made.

If we were to except to anything done at the late meeting, it would be the tablet voted to the profession of Charleston for their extraordinary hospitality to the members of the Association. Not that the compliment was not fully merited; we can readily believe all that has been said of the warmth and cordiality with which the Association was welcomed and entertained by the physicians of that hospitable city; but the action prompted by feelings so praiseworthy, and so hard to resist in this case, is likely to become a precedent for future action, and may lead to unpleasant results. The next city will naturally vie with Charleston in acts of hospitality, and may be fortunate enough to surpass her munificent neighbor. A vote of thanks and a tablet must follow. Any one can see that this course long persisted in, would be productive of much inconvenience, and could not fail to impair the usefulness of the Association. But, in its migrations, it must occasionally visit places less opulent than Charleston and where the profession, with the best disposition in the world, could not treat it so sumptuously. If the tablet be voted in such a case, it becomes a mere empty form; if it is withheld, the distinction is invidious and there is danger that ill feeling will be engendered.

We are glad that the Association has expressed an opinion, which we hope will be authoritative, in regard to the attendance of students of medicine during the entire course of lectures. More than once we have adverted to this subject, and have earnestly deprecated the practice too common with students of quitting the lectures before the end of the term.

Y.

SMITHSONIAN INSTITUTION.

Our readers are apprised of the existence of an institution, at the city of Washington, founded by a foreigner, for the advancement and diffusion of knowledge among men. We have before us the fourth Annual Report of the Board of Regents of the institution, and we have read it with unfeigned pleasure. The establishment promises to confer incalculable benefits upon our country, by fostering and diffusing science and letters, and is therefore one concerning the organization, management, and success of which the members of the medical profession cannot feel indifferent. It is fortunate for the literary and scientific interests of our country that it has secured, as its head, a man so thoroughly prepared to conduct its affairs as Professor Henry.

The whole amount of the Smithsonian bequest received into the United States treasury was $515,169, and up to the 1st of July, 1846, the interest which had accrued on the same was $242,129, making in all $757,298. The first danger to which this bequest was exposed was, that it would be expended upon a costly edifice, the fate of so many similar bequests. The Regents very wisely determined to limit the whole expenditure on the building and the grounds to a sum not exceeding $250,000, leaving the principal intact; and in order that the accrued interest might not be exhausted it was resolved that this expenditure should not be made at once, but in the course of five years, and that in the mean time the sum of $242,000 should be invested so as to yield an interest which might in part serve to defray the expense of the building. The report goes on to state, that "after paying for more than one-half of the building, carrying on the operations of the institution, collecting a library and philosophical apparatus, the sum originally intrusted to the Regents has only been diminished by less than $16,000." So judiciously have the finances of the institution been managed that there is now every prospect, that at the end of the five years there will remain the sum of $150,000 in accrued interest to add to the principal.

Various schemes for appropriating the bequest have beeen proposed. Some were for collecting a magnificent library at Washington. Others were in favor of establishing a grand museum of objects of nature and art. A wiser system than either has been adopted, by which a great library will gradually grow up, extensive cabinets be formed, science be advanced as well as diffused, and in the mean time the principal of the donation remain undiminished. Too much credit cannot be given

to the learned and able Secretary for the energy with which he has adhered to this plan of organization.

Scientific men are generally poor. They cannot often afford the expense of publishing the results of their labors. The Smithsonian Institution is ready to step forward and give them the necessary aid, one of its leading objects being the publication of memoirs consisting of positive additions to knowledge. We may mention, as an instance, that the late Dr. Troost, of Nashville, left an elaborate monograph on the *Crinoidea of Tennessee*, which the Institution has undertaken to publish, and which the lamented author could not have brought out in a style worthy of his subject. The service in this way rendered to science no one can calculate.

It is the aim of the institution to make a collection of books, pamphlets, &c., which shall become "a documentary history of American letters, science and art." The officers desire "that the collection shall be *complete without a single omission.*" They add, "we wish for every book, every pamphlet, every printed or engraved production, however apparently insignificant. Who can tell what may not be important in future centuries?" Y.

AMERICAN SCIENTIFIC ASSOCIATION.

We had the pleasure of being present at the late meeting of the American Association for the Advancement of Science. The meeting took place at Cincinnati on the 5th of May and continued five days. We were particularly struck with the zeal with which the members prosecuted the business of the Association. Our impression is, that we have never attended the meeting of a body more in earnest, or more interested in the objects before it. The aim of the Association is the *advancement*, not the diffusion, of science, and consequently nothing is expected to be presented but what is an actual contribution to the existing stock of knowledge. Many new facts were brought out at the meeting in Cincinnati, the result of the researches of American naturalists, which will be embodied in the Transactions of the Association soon to be published.

The medical profession was fully and honorably represented at the meeting. Some of the brightest names in the Association belong to our profession, and the meeting owed a full share of its interest to their

communications. Zoology, comparative anatomy, and physiology each came in for a share of illustration, and the facts with which they were enriched go to enlarge the boundaries of medical science. Medicine has a stake in every science which has for its objects the living world, and we may add, that it has its representatives in every body laboring for the extension of human knowledge. Now, as in all times past, physicians are among the foremost in the cultivation of science. Whatever new investigation is set on foot, physicians may be counted upon to take part in it. The latest born of the sisterhood of sciences—Ethnology and Geology—have found many of their most zealous and successful contributors in the members of our profession. Ethnology, is it not indeed the creation of medical men? But, we did not mean to grow vainglorious; we meant simply to advert to the fact that so many members of the Association are also members of our profession, as affording evidence that American physicians are not indifferent to the interests of general science. Y.

PROFESSOR BARTLETT.

We were gratified to see it stated, soon after the issue of our last number, that Professor Bartlett had been appointed to the vacancy in the New York College of Physicians and Surgeons, occasioned by the death of Dr. John B. Beck. We were glad to learn it, both on his and the school's account. The institution could not have secured the services of a better man, and he has reached the place of his choice. Dr. Bartlett has for several years desired a residence in New York, and in the College of Physicians and Surgeons he is associated with some of his most genial and cherished friends. We wish him and his colleagues abundant success. Y.

EPIDEMICS OF KENTUCKY AND TENNESSEE.

Our readers will remark that Dr. Sutton, of Georgetown, has been placed, by the American Medical Association, at the head of the committee on the *Epidemics of Kentucky and Tennessee*, and will agree with us that a better selection could not have been made. Dr. Sutton is a gentleman of great industry, and excellent judgment, and we shall look with much interest for his report on this important subject. Y.

HEALTH OF LOUISVILLE.

For two years in succession, namely in the summers of 1849 and 1850, cholera prevailed to some extent in this city. According to the course of the epidemic when it visited our country before, it ought not to appear here again in an epidemic form, and we are happy to state that, up to this time, although there have been a number of cases brought from the river, and a few scattering cases have originated in the city, no indication of an epidemic tendency has been observed. Dysentery has prevailed to a considerable extent, and diarrhœa has been general, but the latter, even when suffered to take its course, has seldom run into cholera. The indigenous cases of cholera, as a general rule, have not assumed the highly malignant character exhibited by the disorder when it is epidemic, but many of them have proved manageable at a stage in which all remedies were unavailing in former seasons. The health of the city is good for the summer season. Y.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.

A new series of this quarterly has been commenced with a view of giving to it a more extended circulation than has heretofore been the case. We have received the first number of the new series which has been issued in excellent style by its new publishers, Messrs. Lippincott, Grambo & Co. As to the matter of these Transactions, it is not necessary that we should say anything. Among the members of the College are many of the first names in American medicine. The summary of their transactions is always valuable, and is offered to the profession at one dollar per annum, or twenty-five cents a number.

DEATH OF DR. SAMUEL GEORGE MORTON.

We have just heard of the death of this eminent physician and naturalist. The melancholy event will be deplored by all who take an interest in the progress of science in America. Dr. Morton had for many years devoted himself with great assiduity to the cultivation of natural history without relaxing in his devotion to medicine. He has left behind him the largest collection of human skulls in our country, if not in the world, and in his great work, the *Crania Americana*, leaves a monument of industry and research which has placed his name among the first of ethnologists. Y.

TRACHEOTOMY.

This operation was successfully performed on the 3d of March in a case of *Edematous Laryngitis*, by Dr. W. D. Stephenson, of Mount Pleasant, Alabama, assisted by Dr. E. P. M. Johnson. The subject was a young mulatto woman who had been confined a fortnight previously, and from exposure had contracted a cold, which resulted in such swelling of the parts about the glottis as threatened instant suffocation. All the general and local remedies usually applied in such cases having been resorted to ineffectually, and the symptoms growing continually more urgent, tracheotomy was determined upon. At this time the patient was in indescribable agony; her features were pale and shrunken; extremities cold, nails livid, surface bathed in a cold perspiration. The relief following the operation was instantaneous; a full, deep inspiration succeeded, and the patient was asleep. For a canula, the physicians substituted a vial broken in the middle, the neck being secured in the tracheal incision. On the 12th of March, says Dr. S., breathing was partly performed in the natural way, and on closure of the orifice, it was found that the patient experienced no difficulty in inspiration. The edges of the wound were brought together by a suture and adhesive strips, and on the 20th she was well. Y.

THE SULPHURETTED HYDROGEN GAS CASE.

In the article on this subject, in the present number, no allusion is made to the corroborative testimony of Prof. Lewis Rogers, for the new statements in relation to the treatment and results of the case. That gentleman was absent from the city when the article was written, but since his return he has read it, and says the statements concerning the case, during our connection with it, coincide with his recollections of it. He, like myself, was ignorant of Dr. Powell's advice in the case, until told of it by that gentleman. B.

BOOKS RECEIVED.

We have received from the publishers, Messrs. S. S. & W. Wood, of New York, a copy of a little work on Menstruation, by Edw. John Tilt, M. D., said to be one of the best ever published on that subject, and also the valuable Lectures of Dr. George Gregory on Eruptive Fevers, of which we shall take the earliest opportunity to give a full notice.

RESULTS OF SURGICAL OPERATIONS IN MALIGNANT DISEASES.

To the Medical Profession of the United States:

The undersigned having been appointed, at the last meeting of the American Medical Association, Chairman of the committee on the "Results of Surgical Operations in Malignant Diseases," respectfully solicits contributions to the subject, founded upon personal observation. To place the subject in as tangible a form as possible, he begs leave to direct attention to the following points:

1. The difference between cancerous and cancroïd diseases, or those affections which are truly malignant, and those which are only partially so. In the former category are comprised scirrhus, encephaloïd, and melanosis; in the latter, certain maladies of the skin and mucous tissues, as lupus, cheloïd, eiloïd, and cancer of the lip.

2. The precise seat of the disease, as the skin and subcutaneous cellular tissue; the eye, ears, nose, face, lips, tongue, salivary glands, jaws, and gums; the lymphatic ganglions of the neck, axilla, groin, and other regions; the mammary gland, uterus, ovary, vulva and vagina, penis and testis; the anus and rectum; and, finally, the extremities.

3. The age, sex, temperament, residence, and occupation of the patient.

4. The cause of the disease, its progress, and the state of the part and of the system at the time of the operation.

5. Mode of operation; whether by the knife, caustic or ligature.

6. Time of death, or relapse, after operation.

7. Examination of the morbid product; how conducted—whether by the unassisted eye alone, or by means of the microscope, and chemical tests.

The undersigned hopes that the importance of the subject confided to him, as chairman of the committee above referred to, will be sufficiently appreciated by his professional brethren to induce them to aid him in carrying out the wishes of the American Medical Association. The subject is one of absorbing interest, and cannot fail, if properly treated, to elicit matter of the greatest benefit. It is very necessary that all communications upon the subject should be sent to the chairman of the committee by the 1st of January, 1852.

Medical journals, and newspapers friendly to the interests of medical science, will confer a favor upon the undersigned by inserting the above notice.

S. D. GROSS, M. D.

UNIVERSITY OF LOUISVILLE, June 29, 1851.

CONTENTS

OF NO. II.

ORIGINAL COMMUNICATIONS.

ESSAYS AND CASES.

ART. I.—Spontaneous Combustion. Translated from the Archives Generales de Medicine. By P. K. - - 93

ART. II.—Remarks on a peculiar appearance of the Tongue in Malarial Disease; read before the Greensboro' Medical Society. By Dr. Thos. C. Osborne, of Erie, Ala. 109

ART. III.—A brief notice of the Treatment of Dysentery; the Honey Bee as a Diuretic; and Warm Water in Colic. By Dr. M. H. Fee, of Heltonville, Indiana. - - 123

REVIEWS.

ART. IV.—On Diseases of Menstruation and Ovarian Inflammation, in connexion with Sterility, Pelvic Tumors, and Affections of the Womb. By Edward John Tilt, M.D., Physician to the Farrington General Dispensary, and to the Paddington Free Dispensary for the Diseases of Women and Children. "Omne animal ab ovo." 126

ART. V.—Operative Surgery. By Frederic C. Skey, F.R.S. 142

ART. VI.—The Dissector; or, Practical Surgical Anatomy. By Erasmus Wilson, author of a "System of Human Anatomy." With 115 illustrations. Edited by Paul B. Goddard, M.D. A new and improved edition. - 148

ART. VII.—A Treatise on Dislocations and Fractures of the Joints. By Sir Astley Cooper, Bart., F.R.S. A new edition, much enlarged. Edited by Bransby B. Cooper, F.R.S., Surgeon to Guy's Hospital. With additional observations, and a memoir of the author. - - 148

ART VIII.—On the Theory and Practice of Midwifery. By Fleetwood Churchill, M. D., M. R. I. A., etc. With notes and additions, by D. Francis Condie, M.D., Secretary of the College of Physicians, etc., etc. - 150

ART. IX.—Urinary Deposits; their Diagnosis, Pathology, and Therapeutical Indications. By Golding Bird, A.M., M.D., F.R.S., F.L.S., etc., etc. Second American, from the third revised and enlarged London edition. 151

SELECTIONS FROM FOREIGN AND HOME JOURNALS.

On the Purity and Use of Chloroform. - - - - 153
Charge against a Medical Practitioner. - - - - 165
Suit for Malpractice. - - - - - - - 168
On a substitute for McMunn's Elixir of Opium. - - 170
Complete absence of the Uterus. - - - - - 171
Incontinence of Urine. - - - - - - - 172
Case of Poisoning by Laudanum. - - - - - 172
Artificial Vichy Water. - - - - - - - 173
Measures for Combatting Sterility. - - - - - 173

ORIGINAL INTELLIGENCE.

The Southern Medical and Surgical Journal. - - - 174
Sanitary Reform. - - - - - - - - - 178
Health of Louisville. - - - - - - - 181
Gross on the Urinary Organs. - - - - - - 181
Bad Midwifery. - - - - - - - - - 182
The Retraction. - - - - - - - - - 182
Kentucky State Medical Society. - - - - - 182
Circular to the Physicians of Tennessee and Kentucky. - 183
University of Louisville. - - - - - - 184
To Correspondents. - - - - - - - - 184